

COURSE ENROLMENT FORM



Course Title: _____ Course No.: _____ Courses Presenter _____

Venue: _____ Day _____ Session Times: _____ Start Date _____

No.	Member's Name	M'ship No.	Email Address	Telephone No.

NB: This form is for the sole use of the Course Presenter and, to ensure members' privacy, should not be used for general circulation.