



COURSE ENROLMENT FORM

Title (circle) Mr Mrs Miss Ms Dr _____ Name _____

Address _____

Suburb _____ P/Code _____

Contact Phone _____

Email _____

Course Number **31015R** Course Type **REACCREDITATION**

Payment Details (all prices include GST)

- I will direct deposit \$ _____ on the following date _____
 Enclosed is my cheque for \$ _____ (payable to SMA - Victorian Branch)
 Please debit \$ _____ From: MasterCard VISA

Card Number _____

Card Expiry Date _____ / _____

Name (as it appears on the card) _____

Signature _____

Please send cheque or credit card payments to: Phone: 03 9674 8777 Fax: 03 9674 8799
Sports Medicine Australia - Victorian Branch Email: ssp@vic.sma.org.au
Sports House, 375 Albert Road, South Melbourne 3205 ABN:13 821 409 176

Direct Deposit: **Acc Name** - Sports Medicine Australia - Victorian Branch **BSB** - 013-030
Acc Number - 1003-58763 please use 'surname_course no' as your transaction reference & email the remittance advice to ssp@vic.sma.org.au

Refund Policy - Refunds will be provided in accordance with the SMA Refund Policy. See SMA VIC Code of Practice below.

How did you hear about SMA courses? SMA-VIC Website Eflash Club/Organisation
 Facebook sportspeople.com.au Other _____

