



ENROLMENT FORM

PO Box 1965 Dee Why, NSW 2099

Fax: 02 9971 8004

Web: www.bitad.com.au

About You

Mr/Mrs/Ms First Name	Surname	
Date of Birth: (DD/MM/YYYY)		
Company Name (if applicable):		
Trade Licence Number:		
Name on Licence (if applicable):		
Address:		
Suburb	Post code	
Phone: Work:	Home:	Mobile:
Fax:	E-mail Address:	
Do you wish to receive information about future courses? <input type="checkbox"/> Yes <input type="checkbox"/> No		

About the course or courses you want to do.

Please Tick The course(s) you want to enrol

<input type="checkbox"/>	1. Construction Project Management 1 (Project Planning) \$175
<input type="checkbox"/>	2. Construction Project Management 2 (Project Financial Analysis) \$175
<input type="checkbox"/>	3. Tendering Skills for Contractors \$175
<input type="checkbox"/>	4. Basic Contracting Skills \$175
<input type="checkbox"/>	5. Business Skills for Builder and Contractors \$175
<input type="checkbox"/>	6. Mentoring an Apprentice or Trainee \$150
<input type="checkbox"/>	7. Owner Builder Course \$175

PAYMENT METHOD: (The prices are GST and Postage free)



Bank Card (Minimum purchase \$300)

Card Type: (Please circle)	Visa	MasterCard	Bankcard
Name on Card:			
Card Number:			
Expiry date on card			
Amount of \$			
Signature:			

Paying by cheque: Cheque for \$..... Please make payable to The Building Institute of Training and Development.

Signed by Applicant _____

Date _____