

Registration

To register online go to www.eoc.wa.gov.au

Participant Information

Name of Course:	Date of Course:
Last Name:	First Name:
Organisation:	ABN No:
Position Held:	
Contact Address:	
Contact Numbers Work:	Fax:
Mobile:	Email:

Please indicate any specific needs you may have, for example disability, dietary, medical, language

Person responsible for payment

Last Name:	First Name:
Position Held:	
Address:	
Purchase Order No:	Contact Number:

Invoices will be sent out on completion of the workshop

Send registration form to:

Equal Opportunity Commission
PO Box 7370
Cloisters Square
PERTH WA 6850