

INTENSIVE REGISTRATION FORM

Please PRINT all details clearly in black pen



Title: _____ Firstname: _____

SURNAME: _____ Other names: _____

Full name of intensive you are applying for: _____

CONTACT DETAILS

RESIDENTIAL address during semester - Street: _____

Suburb/Town _____ State: _____ Postcode: _____

POSTAL address: (if different from above): _____

Suburb/Town _____ State: _____ Postcode: _____

PHONE/EMAIL Home: _____ Mobile: _____ Fax: _____

Email: _____

PAYMENT DETAILS

Total Amount Payable \$ _____

Method of Payment

- DIRECT DEBIT - Acct Name - **Tabor College NSW**

BSB: **062000**

Acct No: **10627268**

- CHEQUE - Payable to **Tabor College NSW**

- CREDIT CARD

- MASTERCARD

- VISA

CARD NO.

Name on Card _____

Expiry Date ____/____

I would like Tabor College NSW to send me course information

SIGNATURE: _____ DATE: _____

Return this form to: The Registrar, TABOR COLLEGE NSW, PO Box 1015, MIRANDA, NSW 1490
Phone: (02) 9522 9300 Fax: (02) 9522 9800 Email: registrar@tabornsw.edu.au

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