



Professional Certificate in CT and PET Imaging

Please retain a copy of this form and return with your payment details to the Enrolment Form
Return options on the last page of this form.

Enrolment and Contact Details

Please complete all fields

Title	
Family Name	
Given Name(s)	
Organisation	
Mailing Address	
Suburb / Town	
Post Code & State	
Phone	()
Fax	()
Mobile	
Email	
Enclose a copy of Medical Radiation Practitioner-Nuclear Medicine: General or Provisional Registration <input type="checkbox"/> please tick if enclosed	

Fee

\$2000.00 (GST Exempt)

Payment options– Cheque or Credit Card or Invoice

Please use only one method of payment

Cheque

I enclose a cheque for \$..... made payable to *University of South Australia*

Please attach your cheque to the enrolment form and mail to address noted below.

Credit Card

Debit my credit card as per details below

Please debit my credit card to the value of \$.....	
Please Debit	<input type="checkbox"/> Visa / <input type="checkbox"/> MasterCard
Card Number	_____ _____ _____ _____
Expiry Date	___/___
Name on Card	
Cardholder Signature	
Today's Date	___/___/___

Invoice

Please complete all the details below for a separate payment invoice to be issued

Please post an Invoice to the value of \$.....	
Organisation	
ABN	
Contact Name	
Mailing Address	
Suburb/Town	
Post Code & State	
Contact Phone	
Contact Fax	
Email	

Note For GST Purposes

The Australian Business Number (ABN) for the University of South Australia is 37 191 313 308.

Please regard this Enrolment form as a course offer.

Cheque and Credit Card payments: a copy of this form should be retained for taxation purposes.

Refund Policy

Up to course commencement: 85% refund.

From course commence date: no refund. However, a substitute person from the same organization may be nominated

Enrolment Form Return Options

Please either:

(a) Mail this completed form with cheque or signed credit card or invoice details to:

CT & PET Imaging

School of Health Sciences

Internal Post Code CEA-14

GPO Box 2471

Adelaide SA 5001

OR

(b) Fax completed form with signed credit card or invoice details to:

Fax (08) 8302 2853

Attention: CT & PET Imaging

For course information and course related queries

Please contact the School of Health Sciences

Email: healthstudy@unisa.edu.au

Phone: 08 8302 2425

Fax: 08 8302 2853

Web: <http://www.unisa.edu.au/hls>