

Photoquipment Dealers

Suite 104, 134 Cambridge Street Collingwood, VIC 3066, Australia Tel. 03 9091 2111 Fax. 03 9091 2104 www.specular.com.au PHASEONE

**REGISTRATION FORM** 

CERTIFIED PROFESSIONAL

This form can be filled using Adobe Acrobat and returned via email.

## **ATTENDING**

I would like to attend:					
PI	Phase One Certified Professional - POCP (\$693 inc GST) 14 & 15 September (9am - 5pm) Includes :				
<ul> <li>Copy of Capture One Pro 10</li> <li>Phase One International Certification and listing on Phase One website</li> </ul>					
ATTENDE	EES DETAILS				
Name 1:					
e-mail:			Mobile:		
Name 2:					
e-mail:			Mobile:		
Company:					
Address:					
Suburb:			State: Po	stcode:	
Phone:			email:		
SPECIAL	REQUIREMENTS				
If the event	t should require catering, do you have	ve any dietary requireme	ents?		
PAYMEN	Т				
Credit Ca	nrd:				
please charge	my credit card				
USA card number					
Massecard \$   T   T					
AMEX AMEX will incur an additional 3% fee total amount			000	expiry date	
signature				security code (3 digits)	
			DF, please bring your credit card to the event	or member number (4 digits)	
EFT detai	ils: Bank: ANZ BSB: 013 435	Account: 4914 17686	Account name: Specular Pty Ltd		

email remittance to: info@specular.com.au

## **Cancellations:**

Places are limited, no refunds for cancellations.

## **RSVP**

Completing this form does not guarantee you a place as places are limited. Please return completed form no later than 5 days before the event to info@specular.com.au or fax to 03 9091 2104.

Your place will be confirmed via email along with further details about the event.