



Group Training Enquiry & Quotation Sheet

Training Contract Number	
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CLIENT COMPANY/ ORGANISATION CONTACT		
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Contact Name :		
Contact phone number:	Ph -	Mob -
Contact Email:		
Company Name:		
Company Address:	Street Address:	Postal Address
Company Numbers :	Ph -	Fax -

Services to be provided		
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Course Name		
REBA Funding attracted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Venue / Location of course		
No. of Participants		
Date		
Equip / Facilities to be provided	Training Equip <input type="checkbox"/> Whiteboard <input type="checkbox"/> Laptop <input type="checkbox"/> Projector <input type="checkbox"/> Participant manuals	Hospitality <input type="checkbox"/> Morning tea <input type="checkbox"/> Afternoon Tea <input type="checkbox"/> Lunch

Investment	
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Preferred Payment Method

Payment for this program can be made either by cheque, credit card.

Please nominate your preferred method of payment below.

Cheque

REIWA Account

Credit Card

Quotation processed

Letter sent to confirm
