



motor safe

T A S M A N I A

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 Hobart, TAS 7000
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Booking Form

Today's Date: _____

Company Name: _____
 Address: _____ PC: _____
 Phone: _____ Fax: _____
 Email: _____

Contact person: _____ Additional Phone: _____

Have you read our terms & conditions? Yes No

Please tick the course you wish to attend and the venue:

- | | | | | | |
|----------------------|--------------------------|-------|-------------------------|--------------------------|-------|
| Smart Drive Level 1 | <input type="checkbox"/> | \$250 | Smart Drive Level 2 | <input type="checkbox"/> | \$310 |
| Basic 4wd & Recovery | <input type="checkbox"/> | \$395 | Advanced 4wd & Recovery | <input type="checkbox"/> | \$790 |
| Workshop/Seminar | <input type="checkbox"/> | POA | Assessment/Coaching | <input type="checkbox"/> | POA |
| ATV Training | <input type="checkbox"/> | POA | Motorcycle Training | <input type="checkbox"/> | POA |

- | | | | | | | | |
|-------------|--------------------------|----------------|--------------------------|----------------|--------------------------|------------------------|--------------------------|
| Baskerville | <input type="checkbox"/> | Symmons Plains | <input type="checkbox"/> | Burnie Airport | <input type="checkbox"/> | Your place of Business | <input type="checkbox"/> |
|-------------|--------------------------|----------------|--------------------------|----------------|--------------------------|------------------------|--------------------------|

Individual Booking:

Name: _____

Group Booking:

- 1: _____
- 2: _____
- 3: _____
- 4: _____
- 5: _____
- 6: _____
- 7: _____
- 8: _____
- 9: _____
- 10: _____
- 11: _____
- 12: _____
- 13: _____
- 14: _____
- 15: _____
- 16: _____
- 17: _____
- 18: _____
- 19: _____
- 20: _____

Smart Drive Level 1 - Max of 15 participants
 Smart Drive Level 2 - Max of 10 participants
 4wd - Max of 8 participants
 ATV/Motorcycle - Max of 8 participants
 Workshops/Seminars - depending on size of venue

Preferred Payment Options:

- Cash
 - Money Order
 - Purchase/Invoice Order
 - Direct Deposit
 - Credit Card
- Name: _____
 Card # _____
 Exp: _____ Visa MCard Bankcard

What is your preferred training date/day?

Do you require lunch? Yes No
 Additional \$15 per person

Do you have any dietary requirements? Yes No

Yes, what? _____

Do you require additional training to be included?

_____ This will alter the course cost slightly depending on what it is you require.

Signed: _____