



# QUEENSLAND FAMILY HISTORY SOCIETY Inc.

Library & Resource Centre: 58 Bellevue Avenue, GAYTHORNE

All mail to: PO Box 171, INDOOROOPILLY QLD 4068

## COMPUTER TRAINING WORKSHOP

TAX INVOICE ABN 60 860 936 626

### REGISTRATION FORM

(Please PRINT)

<b>Applicant's details</b>	Name:	
	QFHS Membership No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Address:	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email:

<b>Workshop</b>	Are you a Library Assistant? Please <input checked="" type="checkbox"/>	<input type="checkbox"/> Yes (\$2.75 incl GST per workshop) <input type="checkbox"/> No (\$11.00 incl GST per workshop)
	Please <input checked="" type="checkbox"/> and insert date	<input type="checkbox"/> Saturday, ___/___/ 200__, <b>Introduction to Computer Resources</b> <input type="checkbox"/> Saturday, ___/___/ 200__, <b>Check these Out!</b>

<b>Payment</b>	<input type="checkbox"/> <b>Cash</b> (AUD\$ only) or <input type="checkbox"/> <b>EFTPOS</b> (available only in person at the library during opening hours)	
	<input type="checkbox"/> <b>Cheque</b> or <b>Aust Money Order</b> (made payable to QFHS Inc) is <input type="checkbox"/> <b>enclosed</b> .	\$ <input type="text"/>
	<input type="checkbox"/> <b>Credit Card</b> . Please charge my <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Bankcard	
	Credit card No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiry date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
<b>CREDIT CARDHOLDER'S AUTHORISATION</b>		
	Name as it appears on credit card (Please print)	Cardholder's signature X  Date ___/___/___

*Note: Sessions are restricted due to limited spaces and equipment.  
Both workshops will be in 'demonstration' mode*

**Take this form to the Library**  
or post to  
QFHS (Computer Training)  
PO Box 171  
**INDOOROOPILLY, QLD 4068**  
 I enclose a **SSAE** (to confirm my place).  
Enquiries: [computer\\_trng@qfhs.org.au](mailto:computer_trng@qfhs.org.au)

<b>Confirmed: Yes/No</b>		<b>Date</b>	<b>Issued by</b>
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