



BOOKING FORM

SECTION 1: CONTACT DETAILS

Name: _____ Company: _____
 Email: _____ Contact Number: _____
 Contact Number (m): _____
 Mailing address: _____

SECTION 2: BOOKING DETAILS

Seminars

Course Description	# Attendees	Preferred Date & Time
<input type="checkbox"/> S1. Taking Control Of Your Financial Future (1 day)	_____	_____
<input type="checkbox"/> S2. Mastering Your Financial Independence (1 day)	_____	_____
<input type="checkbox"/> S3. Financial Education for Students (1 day)	_____	_____
<input type="checkbox"/> S4. Financial and Investment Products (1 day)	_____	_____
<input type="checkbox"/> S5. Major Financial Events (incl. Tax & Legal) (1 day)	_____	_____
<input type="checkbox"/> S6. Spreadsheet & Data Management Basics (1 day)	_____	_____
<input type="checkbox"/> S7. Accounting Basics for Individuals and SMEs (1 day)	_____	_____
<input type="checkbox"/> S8. Investing in Shares (1 day)	_____	_____
<input type="checkbox"/> S9. Introduction to Trading (1 day)	_____	_____

Data Management & Analysis

Course Description	# Attendees	Preferred Date & Time
<input type="checkbox"/> D1. Spreadsheet Basics (1 day)	_____	_____
<input type="checkbox"/> D2. Advanced Calculation Functions (1 day)	_____	_____
<input type="checkbox"/> D3. Advanced Analysis Functions (1 day)	_____	_____
<input type="checkbox"/> D4. Data Manipulation Functions (1 day)	_____	_____
<input type="checkbox"/> D5. Outputs & Finalisation (1 day)	_____	_____
<input type="checkbox"/> D6. Power User Masterclass (2 days)	_____	_____

Financial Modelling Course

Course Description	# Attendees	Preferred Date & Time
<input type="checkbox"/> Financial Modelling Course (4 days)	_____	_____

Professional Training

Course Description	# Attendees	Preferred Date & Time
<input type="checkbox"/> P1. Analysing Financial Statements (1 day)	_____	_____
<input type="checkbox"/> P2. Accounting, Auditing and Tax Overview (2 days)	_____	_____
<input type="checkbox"/> P3. Financial Markets Overview (1 day)	_____	_____
<input type="checkbox"/> P4. Corporate Finance & Valuation Overview (2 days)	_____	_____



Tailored Training

Description of requirements:

SECTION 3: PAYMENT DETAILS

Direct Debit

Account Name: Pentagon Data Pty Ltd

Amount: _____

BSB: 063-116

Bank of Origin: _____

Account Number: 10151760

Transfer Date: _____

Please use your name as the reference

Reference: _____

Cheque

Cheque Payable to: Pentagon Data Pty Ltd

Amount: _____

PO Box 15, Caulfield South, VIC, 3162

Name on Cheque: _____

Credit Card

Card Type: Visa

Mastercard

Card Number:

Cardholder Name: _____

Cardholder Signature: _____ Expiry Date ____ / ____

Once your booking is received, a Pentagon Data representative will contact you to confirm course dates. We will endeavour to meet your preferences, however courses are subject to minimum numbers.

I would like to make a referral (please include names and contact details):

I have read and agreed to the "Terms of Use" as disclosed on the Pentagon Data website