

**STUDENT DETAILS**

<b>Name</b>	<input type="text"/>	<b>Student ID</b>	<input type="text"/>
<b>Email</b>	<input type="text"/>	<b>Mobile</b>	<input type="text"/>

**BEING PAYMENT FOR:** (Tick applicable box)

Tuition Fees: AUD\$  are being paid for (e.g. Term1, 2011)

Enrolment Fees: AUD\$        Material Fees: AUD\$

Overseas Students Health Cover(1 year cover):

- Single Cover (**AUD\$507**)
- Family Cover (**AUD\$5373**)
- Or specific period  months/weeks

**Total Amount Payable:** AUD\$

**CREDIT CARD DETAIL:**

Mastercard       Visa

Card No:        Expiry Date:  /

Cardholder's Name (please print):

Please charge **AUD\$**  to my Card

Cardholder's Signature:       Date:  /  /

**\*\* There is 2% surcharge of total amount payable.**

**Disclaimer:** If this transaction is processed when and/or where DCC is not available the transaction will be charged to the credit card holder in AUD.

Please fax your signed form to (612) 8252 9988

**OFFICE USE ONLY**

<b>Date</b>	<input type="text"/>	<b>WIN Initials</b>	<input type="text"/>
-------------	----------------------	---------------------	----------------------