



**A.R.M.S.
Training Booking
Form 2005**

Booking Contact Details
Suite 36, Level 5, 301 Castlereagh
Street Sydney 2000.
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Fax : (02) 9212 2690
Email: aohsrms@bigpond.com.au
Web: www.ohsaustralia.com.au

**Please return this completed form to the above contact details providing
the below listed information for training confirmation.**

Your organisational details:

Company Name: _____

Mailing Address: _____
 _____ Post code ()

Course Details: _____
 (Specify Course Name)

Cost \$/..... No Participants ()

Phone: Fax:

Email: _____ Web: _____

Authorising Officer Signature: _____

Print Name: _____ Date/...../.....

Training Location Details:

Site Location: _____

 _____ Post code: ()

Phone: Fax:

Email: _____ Web: _____

Contact Person: _____ Suggested Training Date/...../.....

Facilities: Overhead Projector White Board Butchers Paper Chairs Tables First Aid Kit Emergency Exits
 (tick) [] [] [] [] [] [] []

**Welcome to the World of Australian OH&S Risk Management
In – House Training.**

*Thanking you for selecting an ARMS OH&S control/management course
for the elimination of Workplace Hazards and Risks.*