

Group Classroom & Onsite Course Enquiry Form

(Please write in black pen in block letters)



Primary Contact Name: _____ **Job Title:** _____
email address: _____ **Department** _____
Phone/Mobile No: _____
Company Name: _____
Company Address: _____

(Please tick Onsite or Classroom Training)

Classroom
 Onsite

Course	No. of Students	Date/s Required
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Graphic Design & eLearning courses
 (Please tick the box for the course required)

(Instructions)

Please print out the form, fill in the details, scan and save as a Acrobat PDF file and then send as an attachment via email to: ewatters@mmtree.com.au

Acrobat DC Intro.	<input type="checkbox"/>		
Captivate Intro.	<input type="checkbox"/>		
Captivate Adv.	<input type="checkbox"/>		
InDesign Intro.	<input type="checkbox"/>		
InDesign Adv.	<input type="checkbox"/>		
PhotoShop Intro.	<input type="checkbox"/>		
PhotoShop Adv.	<input type="checkbox"/>		
Illustrator Intro.	<input type="checkbox"/>		
Illustrator Adv.	<input type="checkbox"/>		

Business Applications

Word Intro.	<input type="checkbox"/>		
Word Adv.	<input type="checkbox"/>		
PowerPoint Intro.	<input type="checkbox"/>		
PowerPoint Adv.	<input type="checkbox"/>		
Excel Intro	<input type="checkbox"/>		
Excel Adv.	<input type="checkbox"/>		



Please discuss your requirements with us prior to registering for Group Virtual Learning.

Please Call
 The Multimedia Tree on
 0488 559 230

Please Fill out the Next Page



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Attendee Names:

Signatures (please sign)

Student One

Student Two

Student Three

Student Four

Student Five

Student Six



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Wish List (Please have students list any specific topics that they wish to cover in regard to training content for the duration of their course)

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