

# EXPRESSION OF INTEREST FORM 2019

## Personal Details

• Please ensure all fields are completed below • The name and organisation provided will appear on the name tag. • Registration confirmation will be sent to the email nominated. • Please provide your phone numbers in case we need to contact you. • Registration is not complete until payment is received.

|                                    |             |          |
|------------------------------------|-------------|----------|
| Title                              | First Name  | Surname  |
| Organisation                       |             |          |
| ABN/ACN                            | Position    |          |
| Street address (not GPO or PO Box) |             |          |
| Suburb                             | State       | Postcode |
| Email (please print)               |             |          |
| Mobile                             | Landline Ph |          |

### AICD COURSES IN PARTNERSHIP WITH BBI-TAITE

COMPANY DIRECTORS COURSE

FOUNDATIONS OF DIRECTORSHIP COURSE

*We will include you on our database so that we can notify you of 2019 dates and fees.*

PLEASE RETURN THIS FORM TO THE BBI Registrar:

Ms Belinda Srour - Events Manager

T: 02 9847 0590 or E: [bsrour@bbi.catholic.edu.au](mailto:bsrour@bbi.catholic.edu.au)

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