

**REGISTRATION FORM**

**GOVERNANCE OF REGISTERED ORGANISATIONS**  
**ROC APPROVED TRAINING COURSE**

**DATE:    .... / .... / 20....                      (9:30am to 4:30pm)**

**VENUE : Level 1 / 15 Blue Street Nth Sydney NSW 2060**

**Organisation's Details:**

1. Name of Organisation :	
2. Organisation Contact (Name) :	
3. Organisation Contact Details:	Email:
	Phone:

**Attendee Details:**

1. Name of Attendee:	
2. Position within Organisation:	
3. Attendee Contact Details:	Email:
	Mobile:
4. Dietary Requirements:	