ADHA
Architectural
Door Hardware Association

Examination Registration Form 2011-12

CANDIDATE

Full Name:		Phone:	
Work Address:		Fax:	
		Email:	
Examination:	(please tick one) Level 1 ☐ or Level 2 ☐		
Where are you going to take the examination?			

EMPLOYER

Company Name:			
Street Address:		Suburb:	
Postcode:		Country:	
Phone:		Fax:	
Email:			

Payment

EXAMINATION FEE

Level 1 $220.00 _____

Level 2 $400.00 _____

Re-sit fee $150.00 _____

TOTAL _____

Please make cheques payable to Architectural Door Industry Association or payment can be made via credit card below—

Please debit my [ ] Mastercard [ ] Visa for AUD $ _____ Card Number _____/_____/_____/_____ Expiry date _____/_____

Cardholders Name: _____ Cardholders Signature: _____Date:_____

RETURN BY FAX TO: (03) 9445 9219
or mail to ADHA — Training, PO Box 1027, Research VIC 3095