

**NEWELL FURTHER EDUCATION COUNCIL
COURSE REGISTRATION FORM**

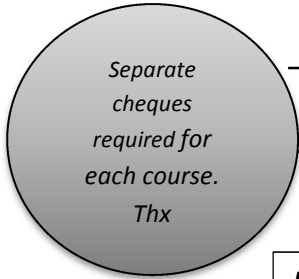
Name: _____

Address: _____

Phone: _____ E-mail: _____

By providing your e-mail you give consent to receive e-mail from us.

Course Name: _____ Fee: _____



Total: _____

Please note: A 2% charge will be applied to all credit card payments

VISA/MC: _____ Exp. Date: _____

Please enclose a separate cheque for each course payable to: Newell Further Education. Thx

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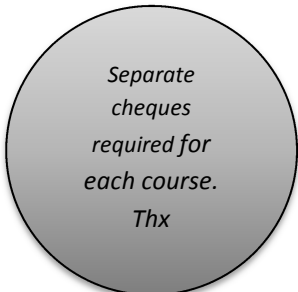
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