

# PAYMENT FORM

## CLINICAL THINKING VETERINARY NURSE



To confirm acceptance of your place in one of the Clinical Thinking Veterinary Nurse courses, please complete this form and return to the AIRC. Please use block letters and  any boxes as required.

Veterinary Nursing Manager

Veterinary Nursing Technician

### PERSONAL DETAILS

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Practice: \_\_\_\_\_

If your practice is paying on your behalf:

Invoice/Receipt to be marked attention to: \_\_\_\_\_

### COURSE COSTS

▶ Veterinary Nursing Manager

(Enrolment fee \$175.00, Course fee \$870.00 = **\$1045.00** GST inclusive)

▶ Veterinary Nursing Technician

(Enrolment fee \$175.00, Course fee \$1112.00 = **\$1287.00** GST inclusive)

### PAYMENT METHODS

Full Payment

I choose to pay the entire nominated course fees now.

Ezypay Plan

I choose to pay \$500.00 upfront directly to the **AIRC** prior to commencing studies. **(Please return with application.)** I then commit to the nominated monthly instalments (see below) for the remaining amount by direct debit using the EZYPAY system (an application form will be sent to you upon enrolment). (Fees & charges apply).

- Students paying **\$1045.00** are committed to 3 monthly EZYPAYments

- Students paying **\$1287.00** are committed to 3 monthly EZYPAYments

Please note that in order for you to receive all of your course notes according to your study timetable, your Ezypay triplicate form\* must be returned immediately to the AIRC for processing. Failure to do so will result in a delay in note despatch and direct debits being deducted from your account. \*Ezypay triplicate form will be sent upon confirmation of enrolment, accompanied by a detailed letter outlining specific Ezypay conditions.

Yes, I have chosen to complete my course using the Ezypay arrangement and have read and acknowledged the delays that may be caused if I do not comply with the administrative process.

### PAYMENT DETAILS

a) My cheque or money order is enclosed for: \$ \_\_\_\_\_ (Please make cheque or money orders payable to **AIRC**)

b) Please debit my credit card:  Visa  MasterCard

Card Number                      Expiry Date

Name on Card: \_\_\_\_\_ Cardholders Signature: \_\_\_\_\_