



# - Stone Restoration Seminar -

Perth, WA Date: TBA

## Participation Form

Participant's name: \_\_\_\_\_

Company's name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Main Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Mobile No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Primary Current Activity: \_\_\_\_\_

How many years: \_\_\_\_\_ Business owner/employee (circle one)

How did you hear about this seminar? \_\_\_\_\_

**COMMENTS:** (to be completed at the end of seminar)

How would you rate the quality of this class? **E V G G F P** (circle one)

Would you please share with us any comment or criticism you may have?

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

This seminar was conducted in conjunction with and according to the guidelines of the **International Training Centers for the Stone industry (ITCSI)**

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