

Registration Form

Course name _____ Course date _____

1. Participant's name _____

Agency/Department _____

Postal address _____

Email _____ Telephone _____ Fax _____

2. Participant's name _____

Agency/Department _____

Postal address _____

Email _____ Telephone _____ Fax _____

Contact name _____ Position _____

Department/Organisation _____

Postal address _____

Email _____ Telephone _____ Fax _____

Would you like the acknowledgement and attendance details to go to (please tick)

Contact Officer Participant

PAYMENT (please indicate method of payment):

Cheque for \$ _____ made payable to The Australian National University

Please invoice

Payment by: Bankcard Mastercard Visa

Card No _____

ExpiryDate _____ / _____ / _____

Name of cardholder _____ Signature _____

CANCELLATION POLICY

If you need to cancel an enrolment, you must notify us, in writing (facsimile, mail or email), five working days before the scheduled course date. This procedure will ensure a full refund. Registrations cancelled less than five working days before the start of the course will not receive a refund. Substitutions of registered participants are acceptable at anytime.

"This program is correct as at December 2006 but is subject to change. The University reserves the right to amend, modify or cancel without notice the content of any matter within this publication."

NOTE. By lodging this enrolment form I accept the cancellation policy above

(Signed) _____ AUTHORISING OFFICER _____

