

2008 Professional Development Program REGISTRATION FORM

NAME:

ADDRESS:

PHONE (H): **(W)** **FAX:**

MOBILE: **EMAIL:**

PROFESSIONAL DEVELOPMENT COURSE TITLE:
(Please submit a separate form for each course)

SESSION DATES:

Please tick: **ATTENDANCE ONLY** **ATTENDANCE PLUS ASSESSMENT**
NOTE ADDITIONAL DETAILS

- To be eligible for a full refund, applicants must notify in writing to withdraw from the course at least 5 days prior to commencement. Withdrawal within 4 days incurs a fee of 50% of the total due. Those withdrawing after the course has commenced are liable for full payment.
- If minimum numbers are not obtained for the course to run, applicants will be advised in writing and will be eligible for a full refund.

Cost of Course: \$ Amount Enclosed: \$

PAYMENT DETAILS

*Must be completed before registrations will be accepted. Please select the most convenient option-

 * **Cheque or money order:** *Please make payable to "La Trobe University"*

 * **Credit Card payment options:**

Visa		Select															
MasterCard		Select															
Card Number		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>															
Expiry Date:																	

Name of Cardholder:

Signature of Cardholder:

SIGNATURE: **DATE:**

Please return Registration Form with payment to:

 Marion Sargeant
 Faculty of Education
 La Trobe University, Victoria 3086

Office Use:

GL Account	Tax Code	Fund	Cost Centre	Amount
				\$