



Office of the Director, Indigenous Education

WORLD INDIGENOUS NATIONS HIGHER EDUCATION CONSORTIUM (WINHEC) 2008



Hosted by: Office of the Director, Indigenous Education

Location: La Trobe University, Bundoora Campus, Melbourne, Australia

Dates: Tuesday 2 - Thursday 4 December 2008

REGISTRATION DEADLINE: Friday 26 September 2008

Registration Form

Title: (Ms/Mrs/Mr/Dr/ Associate Professor/Professor)	
First Name:	
Surname:	
Optional: If you would prefer your traditional name or title to appear on your meeting credentials, please provide.	

Address

Street:	
City/Town:	
State/Province:	
Post/Zip Code:	
Country:	

Contact Details

E-mail:	
Telephone: (Please include country code/state/number)	
Fax: (Please include country code/state/number)	
Mobile: (Please include country code state/number)	

Further Details

Institution/University/Tribal College:	
Indigenous Nation/Clan Affiliation:	

Working Groups

Please indicate the top three working groups you are seeking to participate in:

<i>Working Groups</i>	<i>Preferences (1, 2 and 3)</i>	<i>Have you previously participated in the Working Group you have selected? Yes/No</i>
Accreditation		
Language Revitalisation		
Exchange, Publicity and Promotions		
Software Tools for Indigenous Knowledge Management		
Research and Journal		
International Funding		
Academic Programmes Indigenous Knowledge		

Payment

WINHEC Head Office, in New Zealand has approved conference charges as follows:

- AUD\$250 per person - 3 days
 AUD\$200 per person - 2 days
 AUD\$100 per person - 1 day

Payment by Credit Card: VISA and Mastercard only

<i>Credit Card Type:</i>	VISA / Mastercard
<i>Credit Card Number:</i>	
<i>Expiry Date (Month/Year):</i>	
<i>Cardholder's Name:</i>	

or

Cheque

Payable: *La Trobe University*
Send to: Executive Officer
 Office of the Director, Indigenous Education
 Room 210, Peribolos East Building
 BUNDOORA VIC 3086
 AUSTRALIA

Special Requirements

<i>Do you have any special dietary requirements? If so, please provide details.</i>	
<i>Do you have any specific requirements (ie. Auslan interpreting, wheelchair access, etc)? If so, please provide details.</i>	
<i>I agree for my name, organisation, state/country and e-mail to be published on the list of participants:</i>	Yes / No

Once you have completed the form, please fax it to +61 3 9479 3848.

A confirmation of receipt will be sent to you.

ENQUIRIES: Mr Gary Thomas
 WINHEC 2008 Convenor
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