



Registration form

Enquiries

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Secure your place now

Fax 03 9650 8785

ANZSOG respects the privacy of individuals and acknowledges that the information you provide on the form is personal information as defined by privacy legislation. The information is being collected for the purpose of processing registrations. The intended recipients of the information are ANZSOG and service providers engaged by ANZSOG from time to time. The provision of this information is voluntary, but if it is not provided ANZSOG may be unable to process your registration.

Cancellations

We regret we cannot accept cancellations or refund money with less than 14 days notice. A full refund, less a 2.5% service charge (including GST), will be made for cancellations in writing (letter, fax or email) made in advance of 14 days notice.

This registration form will be a tax invoice for GST when fully completed and payment is made. All prices include GST.

Participant details

Title Surname
First name Preferred name
Organisation
Jurisdiction Position

Mailing address

Street name
Suburb Postcode State
Business telephone Mobile
Email

(confirmation of your registration will be sent to the above email address within two business days)

ANZSOG alumni

Registration type (please fill circle)

Residential attendee Non-residential attendee

Special diet requirements (please fill circle)

Vegetarian Vegan Gluten free Other (please specify)

I would like to be kept informed of future ANZSOG courses

I do not want my contact details included on the course 'participant list' used for networking purposes

How did you hear about this workshop? (please fill circle)

Direct mail Email Colleague Advertisement (please specify)

ANZSOG website

Other website (please specify)

Other (please specify)

Payment options (please select one option and payment amount below)

Please invoice my organisation Cheque (please make payable to ANZSOG) Credit card

Non-residential - \$AU4,400 Residential - \$AU5,400

Organisation name
Attention
Street name
Suburb Postcode State

Credit card

Cardholders name
Card number
Expiry date Please specify card Mastercard Visa Amex

Office use only

entered (init) conf email (init) invoice/receipt (init) complete (init)