

Alumni Directory Registration

- Yes, I give my permission for ANZSOG to list my contact details, as provided below or as given to ANZSOG previously, on a secure website available only to other registered ANZSOG alumni and ANZSOG staff*.

I also agree to treat contact information of other ANZSOG Alumni on the Directory as personal and confidential and not for disclosure to other persons. I understand that this information is provided to encourage alumni activities and networking and use is subject to the Privacy Laws of Australia and New Zealand.

Contact Details

Title	First name	Surname	
Position Title			
Agency/Department			
Program (please tick):		<input type="checkbox"/> EFP	<input type="checkbox"/> EMPA <input type="checkbox"/> PACE
		Intake year	
Business Phone	Mobile		Business Fax
Email			
Business postal address			
City	State	Postcode	
Country			
Signature			Date

Please fax completed form to: +61 3 9349 5849