

Professional Development Registration Form

This form is for professional development participants only.

If you wish to enrol as a postgraduate student, please go to <http://www.uq.edu.au/acpacs> for more information.

Personal details

Name _____

Title _____

Organisation _____

Address _____

Postcode _____

Email _____

Telephone _____

Workshops I wish to attend

Title/s _____

Date/s _____

Location/s _____

NB. Workshop registrations close 14 days prior to workshop date. Applicants will have their registration confirmed 10 days prior to workshop commencement. Payments will not be processed until registration has been confirmed.

Cancellation Policy

To avoid a 25 per cent late cancellation fee, 10 days notice is required for all course withdrawals.

Please send this form with payment to:

Administration, Professional Development Workshops
ACPACS The University of Queensland
Level 11/14 Queens Road
Melbourne VIC 3004

Phone: 03 9863 2600

Fax: 03 9863 2699

Email: acpacs.melbourne@uq.edu.au

Membership

Are you a member of a professional organisation or corporate scheme? (Please indicate below)

If you are, you may be entitled to a discounted fee and we will notify you accordingly.

CPD points

Solicitors holding VIC, QLD or NSW practicing certificates may claim one CPD unit for each hour of instruction if the seminar is relevant to their immediate or long-term professional development needs and practice of the law (refreshment breaks are excluded).

Have you undertaken other mediation-type Training?

YES NO

If so, where?

Do you wish to receive email information about our activities?

YES NO

How did you hear about our workshops?

Method of Payment

I enclose a cheque, payable to The University of Queensland or please debit my Credit Card. (Circle the appropriate amount.)

Five-day Mediation workshop:	\$2500.00
Four-day workshop:	\$1800.00
Three-day workshop:	\$1600.00
Two-day workshop:	\$900.00
One-day workshop:	\$450.00
Half-day workshop:	\$225.00
Other Amount:	\$

(All fees are inclusive of GST).

Mastercard Visa (Please circle)

Card No.

Cardholder's Name

Expiry date

Signature _____

Date ____/____/____

I would like to be sent a tax invoice

I would like to be sent a receipt of payment