ABN: 61060567686

University of Wollongong PASS Supervisor Workshops

Registration Form

Monday 29th - Wednesday 31st March 2010

Information (Complete one form for each person attending the workshop)

Name (First Middle Last): _____

Position Title: _____

Organisation: _____

Street Address: _____

City: _____ State: _____

Postcode: _____ Country: _____

Telephone: _____

Email: _____

Special Needs or Dietary Requirements: _____

Please make cheques or money orders payable to:

University of Wollongong

Mail to: PASS Program
Sally Rogan
Ground Floor
Building 19, U.O.W
Northfields Ave
Wollongong, 2500

or fax to: Attention: Sally / Kylie

+61 2 4221 5975

Workshop Fees

Description	Quantity	Fee	Amount Enclosed
Registration		AU$950	
Meals: Includes morning tea, lunch and afternoon tea			

Questions? Contact us by e-mail: sally@uow.edu.au , or kaustin@uow.edu.au

PASS Website:
http://www.uow.edu.au/student/services/pass/

We accept Mastercard and Visa
Credit Card # _____

Exp Date (MM/ YY) ____ _____

This invoice will become a tax invoice for GST purposes when the amount is paid