

Professional Development Enrolment form



Please complete this form and email to pdcourses@auckland.ac.nz or fax to (09) 373 7419 or forward with fee to: Freepost 5058, Centre for Continuing Education, The University of Auckland, Private Bag 92019, Auckland 1142

Course details *(10% discount for more than one registration from the same organisation on the same course)*

| Session no. | Course name | Cost |
|--------------------------------|-------------|-------------------------|
| | | |
| | | |
| | | |
| Tax invoice GST No. 10-010-381 | | Total amount payable \$ |

Participant 1

| | |
|----------------|--------------|
| First name | Last name |
| Your job title | |
| Work phone | Mobile phone |
| Email | |

Participant 2 *(if registering a second person on this course)*

| | |
|----------------|--------------|
| First name | Last name |
| Your job title | |
| Work phone | Mobile phone |
| Email | |

Organisation details

| | |
|---------------------|-----------------|
| Organisation name | |
| Work postal address | Manager's name |
| | Manager's email |

Payment method *(Please tick)*

- Invoice Cheque (Payable to The University of Auckland) Bartercard
 Visa Mastercard

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|-------------|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|
| No. | | | | | | | | | | | | | | | | | | | |
| Expiry date | | | | | | | | | | | Signature | | | | | | | | |

How did you first find out about this course?

- The Privacy Act:** To keep you informed of upcoming courses and seminars we will hold your name and address on file. Please tick this box if you do not wish to receive further information.