



CENTRE FOR REMOTE HEALTH SHORT COURSE REGISTRATION FORM

PLEASE SAVE THIS FORM TO YOUR COMPUTER THEN OPEN IN ADOBE ACROBAT FOR COMPLETION (NOT IN YOUR WEB BROWSER)
 Please complete all shaded areas then EMAIL to crh.shortcourse@flinders.edu.au
PLEASE COMPLETE SEPARATE FORMS FOR EACH PARTICIPANT
 All red fields are mandatory

COURSE NAME						
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; padding: 5px;">LOCATION</td> <td style="width: 30%; padding: 5px;">DATE(S) FROM</td> <td style="width: 40%; padding: 5px;">TO</td> </tr> <tr> <td style="padding: 5px;">COST</td> <td></td> <td></td> </tr> </table>	LOCATION	DATE(S) FROM	TO	COST		
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COST						

CONTACT PERSON	NAME	EMAIL
PARTICIPANT	NAME	EMAIL
GENDER	MALE	FEMALE
IDENTITY	Do you identify as an Aboriginal or Torres Strait Islander person?	YES NO
FLINDERS UNIVERSITY DETAILS (if applicable)	STUDENT ID	COURSE ENROLLED
	TOPIC CODE	TOPIC NAME
PROFESSION		
ORGANISATION		
POSTAL ADDRESS		
PHONE	MOBILE	OTHER
BOOKING PROCESS		
1. Email this Short Course Registration Form to crh.shortcourse@flinders.edu.au 2. You will receive an email confirming availability, amount payable, Booking Number and online payment instructions 3. You will receive a tax invoice on completion of making your online payment		
REFUND POLICY		
Registrations can be cancelled up to 2 weeks prior to the course start date. If written notification of cancellation is received by Centre for Remote Health within this time frame, registrants will be refunded the full amount less an \$80 cancellation fee to cover the transaction costs associated with the cancellation. No refunds will be issued when cancellation occurs within 2 weeks prior to course start date.		
CANCELLATION POLICY		
This course requires a minimum number of participants. In the event of the course being cancelled, participants will be notified 4 weeks prior to the course start date and the registration fee will be fully refunded. Registrants are advised to make travel bookings that can be re-scheduled or cancelled.		
ADDITIONAL INFORMATION ABOUT YOUR BOOKING		
OFFICE USE ONLY		
Date registration acknowledged		Booking Number
Date Paid		Amount \$.....

RETURN THIS BOOKING REQUEST | ENQUIRIES TO
 CRH SHORT COURSES crh.shortcourse@flinders.edu.au

