THE UNIVERSITY OF MELBOURNE

StV

2012

Psycho-Oncology Short Course Registration

1. Personal Details

Course Name: **Psychotherapies for Cancer Patients and their families.**

Title: _____ Name: _____

Position: _____

Organisation: _____

DOB: _____ Gender: ☐ Male ☐ Female

Special Requirements (e.g. access, dietary or other) _____

2. Contact Details

☐ Business ☐ Home

Mailing Address: _____

City: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____

How did you hear about this course? _____

3. Profession

☐ Social worker ☐ Psychologist ☐ Psychiatrist ☐ Counsellor

☐ Medical practitioners with psychotherapy training ☐ Other Please state: _____

Have you/are you currently working in Psycho-Oncology? Yes ☐ No ☐

4. Payment Details

Please Charge $ 990 (gst inc) to my (Please Tick) Bank Card ☐ Master Card ☐ Visa ☐

Cardholder's Name: _____

Credit Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: __/___

Signature: _____

☐ Enclosed is my cheque made payable to: UoMC pty. Ltd. ☐ Please send an Invoice to my mailing address

Please note minimum numbers required for the short course to go ahead

PAYMENT POLICY

- Payment of course fees must be made prior to the commencement of the course. Payment can be made by credit card or cheque.
- Bookings made within 14 days of the course commencement date will be accepted only with evidence of payment. (i.e. credit card, purchase order)

CANCELLATION

1. Participants who cancel their enrolment more than 14 days prior to the scheduled commencement of the course will be refunded all fees less an administration charge of $400
2. Participants who cancel their enrolment less than 14 days prior to commencement of a course will not be entitled to a refund. Participants may elect to send another representative in their place.