

REGISTRATION FORM

Introduction to Capture-Recapture Methods using Program MARK 6 & 7 April 2010



For further details please visit <http://www.murdochlink.com/shortcourses/>

Registration Details

Name: _____

Organisation: _____

Address: _____

Postcode: _____

Phone Numbers: _____

Fax: _____

Email: _____

Note any dietary or access needs: _____

Course Details:

Venue: Murdoch University South Street Campus,
Longeragan Building, Computer Lab

Duration: 2 Day course (6 & 7 April 2010)

Courses run from 9.00am—5.00pm
(morning & afternoon tea supplied)

Course Fee: \$770.00 (incl GST)

10% Discount for research students enrolled at a university.

Course Enrolment

Please post/email/fax a copy of this Registration Form,
together with your payment. See below for payment
options.

Attn: Ms Marjorie Pashley

Projects and Training Officer

MurdochLINK Pty Ltd

Murdoch University, South Street, Murdoch WA 6150

For further details or queries, contact Marjorie:

Tel (+618) 9360 7585

Fax (+618) 9360 7598

Email M.Pashley@murdoch.edu.au

Please note that registrations should be received one week prior to commencement of the course

Refund Policy

If MurdochLINK cancels or reschedules the course, it will refund 100% of fees.

If participants cancel:

- MurdochLINK will refund 90% of fees if cancellation occurs 10 days or more before course commencement
- MurdochLINK will refund 50% of fees if cancellation occurs within 5-9 days of course commencement

No refunds will be given if cancellation occurs within 5 days of workshop commencement.

Payment Details

Please note that payment should be made to MurdochLINK Pty Ltd

(Tick Please)

Cheque/Money Order

Fees \$770.00 Student Fees \$693.00 (10% Discount for registered students enrolled at a University)

Electronic Funds Transfer (EFT).

For details of EFT payments please contact Ms Marjorie Pashley on (+618) 9360 7585

Credit Card (for security reasons, please do not mail/email
credit card information—send via fax or phone)

Card (please circle): Visa / MasterCard / Bankcard

Cardholder's Name: _____

Expiry Date: _____