

REGISTRATION FORM

One-Day Workshop: An Introduction to Capture-Recapture Methods using Program MARK
Sunday 11 July 2010, 9 AM to 5 PM at Melbourne Museum in association with the annual ASFB Conference



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: Melbourne Museum, Nicholson Street, Carlton Gardens

Duration: 1 Day Course - 11 July 2010 9AM - 5PM.

Course Fee: \$100 (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: _____