



PARTICIPANT ENROLMENT FORM

PUBH7117 Health Aspects of Disasters Short course,

12 - 16 December 2016

Venue: TBA

University of Queensland, Herston Campus
Brisbane, Queensland, Australia. 4006

Participant Information

Title: _____ Surname: _____ Given Name: _____

Address: _____

State: _____ Post Code: _____ Country: _____

Email: _____ Mobile: _____

I understand that by enrolling as a short course attendee I will not be formally assessed.

Signed _____

Please print your name as you want it to appear on your Certificate of Attendance:

Refund Policy

Refunds: An administration fee of \$90.00 will be charged if a cancellation is received before 25th November 2016. A refund of 50% will be granted for cancellations on or after 25th November 2016.

Please note: one applicant per registration form; the form will only be accepted with a full fee payment receipt attached. On completion please return this form, by either post or scan & email, to:

Post

Attention: Elizabeth Gear
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