EDMUND RICE INSTITUTE FOR SOCIAL JUSTICE, FREMANTLE

REGISTRATION FORM

NAME IN FULL: …… ……..……..
Surname *Given Name*

ORGANISATION: ……

POSTAL ADDRESS: ……..

…….. **STATE:** …… **POSTCODE:** ……

PHONE (Wk): …… **PHONE (Hm):** ……...

EMAIL: ……..……

MOBILE: …… **D.O.B.:** *(optional)* .... / .... / 19…....

How did you hear about us? **University** **Email** **Friend** **Media:** **Other:**

EVENT NAME (or enter multiple names of participants)	CODE	COST ($AU)
	DONATION	
PAYMENT	**TOTAL COST:**	

☐ I enclose a cheque / money order (please circle) made out to *The Edmund Rice Institute for Social Justice Inc* for the amount of $ ……..……

☐ I will be paying on the day

☐ I have paid via PayPal or electronic bank transfer

Please note: *In the event of insufficient participant numbers the Institute reserves the right to postpone or cancel events with minimal notice.*

(OFFICE USE ONLY)

Received: / / *Amt received:* $ *Bank:* *Cheque No.*

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ABN 51 934 095 375

Recorded: / / *Invoiced:* / /

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