

ENROLMENT FORM

Mind *Ventures*

Program name/number and date of program(s)

PARTICIPANT #1

name

title preferred first name surname

address

postcode

phone

fax

email

PARTICIPANT #2 (where details are the same write 'as participant #1')

name

title preferred first name surname

address

postcode

phone

fax

email

Enrolments are accepted on the understanding that Mind *Ventures* programs are as described in the Information Sheet for the program, and that participation is at clients' volition with appreciation of any risks inherent in participation in the program described. Enrolees warrant their fitness to participate. Mind *Ventures* reserves the right to decline an enrolment on any grounds.

PAYMENT

- SUBSCRIBER (please tick box) – if enrolling in a one-day program, no payment necessary.

In all other cases a Booking Fee/minimum deposit of \$25 per person is payable on enrolment, the balance due two weeks before the start of the program (unless otherwise indicated). Subscribers may deduct \$30 when making final payment for longer programs.

The Booking Fee is refundable if a program is full or cancelled.

Mind *Ventures* takes no responsibility for any travel or other expenses incurred separately.

Amount being paid \$ _____

- cheque (payable to Mind *Ventures*)
- Direct Deposit: Westpac BSB 034-063,
Account no: 141703, Name of account: Mind *Ventures*
- credit card
- Mastercard Visa

Card number

Expiry date ____ / ____

Name of cardholder

Signature of cardholder

ACCOMMODATION PREFERENCES

(where relevant)

Please tick one:

- DOUBLE/TWIN SHARE – participants overleaf
- I WISH TO SHARE WITH _____
WHO IS BOOKING SEPARATELY
- SINGLE ONLY (where applicable and accepting any additional cost that may apply)
- I WISH TO SHARE WITH ANOTHER SINGLE PARTICIPANT
IF POSSIBLE (If suitable arrangements cannot be made,
applicants can opt for single accommodation or cancel and
obtain refund)
- OTHER (please give details if required)
- _____