



CURIOSITY AND POWERFUL LEARNING

REGISTRATION FORM - COHORT 8

Acceptance of registration will be forwarded by email once payment is received.

Please contact us if you have not received acceptance within 21 days of you forwarding your payment.

TAX INVOICE:
ABN 75 132 672 416
All rates are GST inclusive.
All rates are quoted in Australian Dollars.

Title: _____ First Name*: _____

Surname*: _____ Telephone*: _____ Mobile: _____

School*: _____ Position*: _____

Mailing Address*: _____

Town/City*: _____ State*: _____ Postcode*: _____

Principal's Email*: _____

Email for Accounts Payable*: _____

Purchase Order Number: _____

**Denotes required field*

REGISTRATION

	Qty	Cost
Cohort of up to 6 participants (ONLINE)		\$5,250
Additional participants	<input type="text"/>	\$800 per person
In-person induction workshop 16 November 2023	<input type="text"/>	\$230 per person
TOTAL		\$ _____

All rates are GST inclusive.

PAYMENT DETAILS

- Master Card
- Visa
- Cheque (made payable to ACEL)/Direct Deposit

Card Number

Expiry Date (MM/YY) / CVC

Name on card _____

Signature _____

Please tick here if you require an invoice to be sent to the email address noted above.

TERMS AND CONDITIONS

By completing this form you are committing to a one-year program with 1 induction and 4 workshops all to be delivered online. By registering you are accepting ACEL's Event Policies available at acel.org.au.

Participants can withdraw up to two weeks before the first induction workshop with a full refund minus a 10% administration fee. After this point there will be no refunds on this program.

The dates of these workshops will be forwarded by email and will be updated on the ACEL website.

Please ensure that yourself, those registered and the credit card holder (if applicable) read and fully understand these terms and conditions prior to submitting this registration.

Please inform ACEL if you do not want any photographs of you to be published.

Please complete all relevant sections and return with payment to:

PO Box 876, Strawberry Hills, NSW 2012
Phone: 1800 680 559 | leadership@acel.org.au

acel.org.au

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*Enter the details of up to 6 participants
you want included in the program*

1	Full name: _____ Position: _____ Please select your induction session: In person: <input type="checkbox"/> Online: <input type="checkbox"/>	Email: _____ Special dietary requests (if applicable and attending in-person): _____
2	Full name: _____ Position: _____ Please select your induction session: In person: <input type="checkbox"/> Online: <input type="checkbox"/>	Email: _____ Special dietary requests (if applicable and attending in-person): _____
3	Full name: _____ Position: _____ Please select your induction session: In person: <input type="checkbox"/> Online: <input type="checkbox"/>	Email: _____ Special dietary requests (if applicable and attending in-person): _____
4	Full name: _____ Position: _____ Please select your induction session: In person: <input type="checkbox"/> Online: <input type="checkbox"/>	Email: _____ Special dietary requests (if applicable and attending in-person): _____
5	Full name: _____ Position: _____ Please select your induction session: In person: <input type="checkbox"/> Online: <input type="checkbox"/>	Email: _____ Special dietary requests (if applicable and attending in-person): _____
6	Full name: _____ Position: _____ Please select your induction session: In person: <input type="checkbox"/> Online: <input type="checkbox"/>	Email: _____ Special dietary requests (if applicable and attending in-person): _____

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*If you require additional participants,
enter their details below. The cost of
additional participants is \$800.00
(GST inclusive) per additional person*

1	Full name: _____ Position: _____ Please select your induction session: In person: <input type="checkbox"/> Online: <input type="checkbox"/>	Email: _____ Special dietary requests (if applicable and attending in-person): _____
2	Full name: _____ Position: _____ Please select your induction session: In person: <input type="checkbox"/> Online: <input type="checkbox"/>	Email: _____ Special dietary requests (if applicable and attending in-person): _____
3	Full name: _____ Position: _____ Please select your induction session: In person: <input type="checkbox"/> Online: <input type="checkbox"/>	Email: _____ Special dietary requests (if applicable and attending in-person): _____
4	Full name: _____ Position: _____ Please select your induction session: In person: <input type="checkbox"/> Online: <input type="checkbox"/>	Email: _____ Special dietary requests (if applicable and attending in-person): _____
5	Full name: _____ Position: _____ Please select your induction session: In person: <input type="checkbox"/> Online: <input type="checkbox"/>	Email: _____ Special dietary requests (if applicable and attending in-person): _____
6	Full name: _____ Position: _____ Please select your induction session: In person: <input type="checkbox"/> Online: <input type="checkbox"/>	Email: _____ Special dietary requests (if applicable and attending in-person): _____

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