

## CX EX: Design, Delivery and Diagnosis

## Registration Form

Please return completed registration forms to khorne@swinburne.edu.au

Participant 1 Details			
First Name:	Family Name:		
Company Name:			
Position:			
Postal Address:			
State/Country:	Postcode:	Postcode:	
Phone Number:	Mobile:	Mobile:	
Email:			
Participant 2 Details			
First Name:	Family Name:		
Company Name:			
Position:			
Postal Address:			
State/Country:	Postcode:	Postcode:	
Phone Number:	Mobile:	Mobile:	
Email:			
I am registering myself	lf you are registering yourself, please skip to section	If you are registering yourself, please skip to the Payment details section	
I am registering on behalf of the above participants	If you are registering on behalf of another promplete the section below:	If you are registering on behalf of another person, please complete the section below:	
First Name:	Family Name:		
Position:	<del>-</del>		
Phone:	Email:		
Payment Details			
Payment will be done via invoicing – please complete the below	sections to facilitate the invoicing process		
Business Name:			
Contact name			
Business Address:			
State:	Country:		
Postcode: ABN N	ABN Number:		
Accounts Department Email:			
Accounts Department Phone:	Total Amount: \$	AUD	
Authorised signature			

Cancelations will be accepted up to 60 days prior to the time of course/program commencement and your full payment refunded. If a booking is cancelled within  $60\,$ days of the course commencement we will happily accept a substitute member but if no appropriate substitute is nominated the following course fees will be forfeited: Within 60 days of course commencement: 10% Within 30 days of course commencement: 50%

Within 7 days of course commencement: full fee

**Privacy Policy**Please note that The data we collect is treated in accordance with Swinburne's Privacy Statement available at www.swinburne.edu.au/ privacy.