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**Participant Registration Form**

**COURSE DETAILS**

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| --- | --- |
| Course Name: |  |
| Location: |  |
| Course Date/s: |  |

**PARTICIPANT INFORMATION**

|  |  |
| --- | --- |
| Name: |  |
| Phone: |  |
| Email: |  |
| Organisation: |  |
| Special Dietary Requirements:  Gluten Free  Vegetarian  Other: | |

**COVID DECLARATION**

|  |  |  |
| --- | --- | --- |
|  | I am up to date (fully vaccinated) for COVID-19 | |
|  | I am **not** up to date with vaccination for COVID-19 and would like to discuss with the organisers. | |
| If you have any concerns regarding the above declaration or would like to discuss your individual circumstances, please contact the organisers to discuss. | | |
| **Participant Signature:** | | |
| Signed: | | Date: |

**Please email your registration to:**

**Rebecca.Johnson@puntukurnu.com**

***Please note:*** *Catering will be provided*

***Positions are limited so if you will be unavailable on the day please notify us as soon as possible to open the position to the waitlist.***