

Registration Form - please fill in and return to ACMI Screen Education

Fax >	03 8663 2511
Email >	screeneducation@acmi.net.au
Phone >	03 8663 2441
Mail >	PO Box 14, Flinders Lane VIC 8009

SEMINAR TITLE: _____

DATE OF SEMINAR: _____

Registration Details

Your Name: _____

Name of school: _____

Mailing Address: _____

_____ Post code: _____

Email Address: _____

Contact phone number: _____

Main teaching level/s: _____

Main subject areas taught: _____

Please indicate any special dietary requirements: _____

Please tick if you would like to go on our mailing list and receive updates about ACMI programs. You can opt out of an ACMI database at anytime

Payment Details

Please do not send payment with this registration form, as it will not be processed and will be returned to your school. We will supply an invoice AFTER the event has occurred.

School order number _____ (if applicable)

Registrations close 10 days prior to the event