**Permaculture Design Certificate: Registration form for on-line payments**

**April 21-25, May 5-7 & 20-21, 2017**10-day course at The Food Forest, Gawler, South Australia, with David Holmgren, the Brookmans & others

Please fill out details below for yourself and all members of your group and **email this form to** foodforest@bigpond.com.

If you have paid a **deposit only**, the final payment is due by March 17th if you want to qualify for the early bird discount.

**Payments**

* Your place is reserved upon receipt of full registration or $500 deposit (final payment is due Friday 17 March, 2017). Please contact us for our bank details if you like to just make the deposit.
* Group prices apply when bookings for 2 or more people are made at the same time.
Payment for entire group is to be made in **one transaction**, ie 2 people would be paid for in one direct deposit
or one cheque.
* **Registration includes meals, notes, entry fees on field trips, and your accommodation option**
* Please note: In recent years the course has filled quickly, well before the close of early bird discount date.
We suggest you book early to avoid disappointment.
* **Cancellation:** We understand that circumstances can change. If a cancellation is made before 17th March a refund will be made, minus an admin fee of $100.00. If you cancel after Friday 17th March 2017, the registration is transferable to another person or another PDC course to be run at The Food Forest, but is non-refundable. ***If*** however, we can successfully offer your spot to someone on our PDC waiting list we will refund your fee minus an admin fee of $100.00
* In the unlikely event of insufficient registrations, the organisers reserve the right to cancel the course
with one week’s notice. In this case a full refund will be made**.** Unfortunately we can’t refund travel expenses incurred

**Registrant/s details**

**Name (Person who made the online payment):** ....................................................

 Male Female

Accommodation option: No accommodation needed Camping Bunkstyle

Emergency contact name: ....................................................................................

Relationship to registrant: .............................. Phone: .....................................

Special dietary requirements (eg vegetarian, gluten or dairy intolerance, etc): ..............................................................................

We do our best to accommodate all dietary requirements, however *very* specific and particular needs may need to be supplied.

**Name (Person 2):** ....................................................................................................

Address: .................................................................................................................

Phone/Fax: .......................................................... Male Female

Email: ...................................................................

Accommodation option: No accommodation needed Camping Bunkstyle

Emergency contact name: ......................................................................................

Relationship to registrant: .............................. Phone: .....................................

Special dietary requirements (eg vegetarian, gluten or dairy intolerance, etc): ...............................................................................

We do our best to accommodate all dietary requirements, however *very* specific and particular needs may need to be supplied

**Name (Person 3):** ....................................................................................................

Address: .................................................................................................................

Phone/Fax: .......................................................... Male Female

Email: ...................................................................

Accommodation option: No accommodation needed Camping Bunkstyle

Emergency contact name: ......................................................................................

Relationship to registrant: .............................. Phone: .....................................

Special dietary requirements (eg vegetarian, gluten or dairy intolerance, etc):............................................................................

We do our best to accommodate all dietary requirements, however *very* specific and particular needs may need to be supplied

*Please add additional names and details if required*