**Permaculture Design Certificate
*Registration form for direct deposit and cheque payments***

**April 22-26, May 8-10 & 23-24, 2015**10-day course at The Food Forest, Gawler, South Australia
with David Holmgren, the Brookmans & others

If you are paying **online,** pleasedo **not** use this form. Go to foodforest.com.au/courses/ and make your payment online.

Please check your payment method below and fill in the required details.

Paying by **direct deposit:** Pleasecontact us (foodforest@bigpond.com) for our banking details.
*Please give the transfer a clear ID with your name and provide details of the transfer below.*

Payment date: ........................ ID (Name/Number): ...................................... Amount: $ .....................

Once you have made your direct deposit, email this form to foodforest@bigpond.com.

Paying by **cheque:** Please send payment and this form to: The Food Forest, PO Box 859, Gawler, SA 5118.

**Payments**

* Your place is reserved upon receipt of full registration or $500 deposit (final payment is due Friday 10th April, 2015)
* 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.
* The registration is transferable to another person, or another PDC course to be run at The Food Forest, but is non-refundable, if you cancel after Friday 10th April, 2015
* 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** (if you are making a group booking, space is provided on the next page for other participant/s details)

Name (Person 1): ....................................................................................................

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

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

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

Accommodation option: No accommodation needed Camping Bunkstyle

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

Relationship to you: ...................................... 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.

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| **‘Deposit-only’ payments** (by direct deposit or cheque) |
| 1) Enter the number of people you are registering for in the space provided to the right of the price.2) Calculate the total of your deposit. Prices are on the next page if you would like to know how much you owe.We will contact you to organise remaining payment. Final payment by Friday 10th April, 2015.**Group bookings:** Please also fill out *‘Other registrants’ details’* (on the next page) for the other members of your group.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 of $1000. Final payment will also need to be made in one transaction. |
|  | **Earlybird/s** (before COB March 20st 2015) | **Standard price** (from March 20st 2015) |  |
|  | $500 deposit pp x ........ = **$ ...........** | $500 deposit pp x ........ = **$ ...........** |  |

*(Full registration bookings on next page)*

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| **Full registration payments** (by direct deposit or cheque) |
| **Single person payments:**  |
| Enter a ‘1’ to the left of the option you are registering for. |
|  | **Earlybirds**before COB March 20th 2015 | **Standard price**from March 20th 2015 |
| No accommodation needed | ........ | $1660 pp | ........ | $1810 pp |
| Camping | ........ | $1770 pp | ........ | $1920 pp |
| Bunkstyle | ........ | $1865 pp | ........ | $2015 pp |
|  |
| **Group payments (2 or more people):**  |
| 1) Enter the number of people you are registering for in the space/s provided to the right of your chosen option/s.2) Calculate the total per accommodation option and3) the total of your group booking.Please also fill out details for the other members of your group at the bottom of this page.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. |
|  | **Earlybirds**before COB March 20st 2015 |  | **Standard price**from March 20st 2015 |  |
| No accommodation needed, **group booking** | $1610 pp x ........ = **$ ...........** |  | $1760 pp x ........ = **$ ...........** |  |
| Camping, **group booking** | $1720 pp x ........ = **$ ...........** |  | $1870 pp x ........ = **$ ...........** |  |
| Bunkstyle, **group booking** | $1815 pp x ........ = **$ ...........** |  | $1965 pp x ........ = **$ ...........** |  |
|  | **Total**  | **= $ ...........** | **Total**  | **= $ ...........** |  |

**Other registrants’ details**

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