**Permaculture Design Certificate
*Registration form for online payments***

**April 22-26, May 7-9 & 22-23, 2021**

10-day course at The Food Forest, Gawler, South Australia
with David Holmgren, the Brookmans & others

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

If you have paid a **deposit only**, you need to make the final payment by Thursday April 1st 2021, to qualify for the early bird discount.

**Payments**

* Your place is reserved upon receipt of full registration or $500 deposit. Final payment is due just before Easter on Thursday April 1st to qualify for the earlybird price. Balance payments after April 1st attract the standard price.
* **Partner/ Group prices** apply when bookings for 2 or more people are made **at the same time & in one payment**.
Payment for the entire group is to be made in **one transaction**, i.e. 2 people would be paid for in **one** online or
direct deposit payment.
* **Registration includes meals, course notes and entry fees on field trips**
* Please note: In recent years the course has filled 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 Friday April 9th a refund will be made, minus an admin fee of $150.00. If you cancel after Friday April 9th, 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 $150.00
* In the unlikely event of insufficient registrations or other unforeseen reasons, 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-not refund travel expenses incurred.
* If The Food Forest has to cancel the PDC due to COVID government regulations a refund of fees paid will be made, less an admin fee of $75
* If you are forced to withdraw your participation in the PDC before the course begins due to COVID regulations a refund of fees paid will be made, less an admin fee of $75
* **If the course structure must be changed while it is in progress due to COVID, every effort will be made to reschedule it. If you are unable to participate due to re-scheduling, a proportional refund of fees of fees** paid will be made, less an admin fee of $75.
* In all of the above cancellation scenarios, we can-not refund travel expenses incurred**.**
* Please download, fill out and *return the* *separate registration form* (requesting emergency contact details, any dietary requirement you may have etc)
* Please contact us for our bank details if you would like to electronically transfer your payment.

**Registrant’s details** (for a partner/ group booking, space is provided on the next page for other participant/s details)

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

Address: .................................................................................................PC ................

Phone: ………. ..........................................................

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

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 & particular needs you may need to supply.

*See next page for group member registration details*

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

Address: ........................................................................................................PC .........

Phone: ............................................... Email: ...............................................................

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 & particular needs you may need to supply

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

Address: ......................................................................................................PC.............

Phone: ............................................... Email: ...............................................................

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 & particular needs you may need to supply

**Name (Person 4):** .......................................................................................................

Address: ......................................................................................................PC.............

Phone: ............................................... Email: ...............................................................

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 & particular needs you may need to supply

*Please add additional names and details if required*