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

Mon Nov 6-Fri Nov 10 & Mon Nov 13-Fri Nov17  
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](mailto:foodforest@bigpond.com).

If you have paid a **deposit only**, we will contact you to organise remaining payment. Final payment **by Friday 29 Sept**, 2017.

**Payments**

* Your place is reserved upon receipt of full registration or $500 deposit. Final payment is due Friday Sept 29th, 2017 to qualify for the early bird discount. Balance payments after Sept 29th attract standard prices. See brochure
* **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 online payment.
* **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.
* **Cancellations:** We understand that circumstances can change. If a cancellation is made before Oct 13 a refund will be made, minus an admin fee of $100.00.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 13th Oct, 2017. ***If*** we can successfully offer your spot to someone on our Nov 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 & particular needs you may need to supply.

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

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

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 & particular needs you may need to supply

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

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

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 & particular needs you may need to supply

*Please add additional names and details if required*