

2010 Registration Form



Series I

Thursday 11 & Friday 12 February 2010
Friday 12 March 2010
Thursday 15 April 2010
Tuesday 11 May 2010

Series II

Thursday 22 & Friday 23 April 2010
Tuesday 18 May 2010
Wednesday 16 June 2010
Thursday 22 July 2010

Series III

Thursday 17 & Friday 18 June 2010
Thursday 15 July 2010
Wednesday 18 August 2010
Wednesday 15 September 2010

Series IV

Thursday 19 & Friday 20 August 2010
Thursday 16 September 2010
Thursday 14 October 2010
Wednesday 17 November 2010

**A Leadership
Learning Path for
new Supervisors,
Team Leaders and
Coordinators in
Local Government**

Notes

Places will be limited to the first 18 participants to register for the program.

Cancellation Policy - An administration fee of 5% will be deducted from any refund payable due to cancellation prior to the Program commencement. **No refunds will be made for cancellation received within 14 days of Program commencement.** However a substitute participant is welcome. All cancellations and substitutes must be faxed in writing to LGPro on (03) 9690 4217. LGPro reserve the right to defer, amend or cancel the program.

Further enquiries: Tel (03) 9686 3833
Fax (03) 9690 4217



2010 Registration Form

Please indicate your Series preference (✓)

LGPro Ignite Series I - Commencing Thursday 11 February 2010

LGPro Ignite Series II - Commencing Thursday 22 April 2010

LGPro Ignite Series III - Commencing Thursday 17 June 2010

LGPro Ignite Series IV - Commencing Thursday 19 August 2010

Please indicate your Council Classification (✓) - If you are unsure of your Council Classification please go to www.lgpro.com/ignite/cost

Small Council - \$3,000 (inclusive of GST)

Medium Council - \$3,250 (inclusive of GST)

Large Council - \$3,470 (inclusive of GST)

Participant Name:

Position:

Organisation:

Address:

Post Code:

Telephone:

Mobile:

Email:

Special Dietary/Mobility Requirements:

**Managers are encouraged to participate in the afternoon session of day five of the program.
Please supply us with your manager's details.**

Managers Name:

Position:

Organisation:

Address:

Post Code:

Telephone:

Mobile:

Email:

Total Fees Payable \$

Payment Method: Cheque EFT Please email invoice

OR debit my: Mastercard Visa Card No:

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Expiry Date: /

Cardholder Name:

Cardholder Signature:

Payment Contact (if different from above)

EFT DETAILS: BSB - 083 004 Account No. - 6754 33701 Account Name - Local Government Professionals

MAIL TO: Local Government Professionals Inc. PO Box 409 South Melbourne Vic 3205

OFFICE USE ONLY:

Invoice No. -

GST -

Entered -

ABN 74 723 619 392

This Registration Form is a Tax Invoice for GST when you make payment