



YOU, YOUR TEAM, YOUR ORGANISATION

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

Cancellation Policy: LGPro is your member, not for profit association and all money generated are used to develop quality professional development activities and services. Our events and programs are budgeted on a minimum number of attendees so giving us sufficient notice regarding non-attendance is imperative to the success of all of our events. The following will apply for any cancellations:

- More than 14 days prior to commencement of program - full refund or amount used as a credit towards another event/program
- 14 - 7 days prior - 50% refund
- 7 - 1 day prior - no refund

A substitute delegate is welcome to attend. All cancellations and substitutes must be received in writing to LGPro asap.

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

A LEADERSHIP LEARNING PATH FOR NEW SUPERVISORS, TEAM LEADERS AND COORDINATORS IN LOCAL GOVERNMENT

2012 REGISTRATION FORM

SERIES 1

Thursday 16
& Friday 17 Feb
Wednesday 14 March
Wednesday 18 April
Wednesday 16 May

SERIES 2

Thursday 10
& 11 May
Wednesday 13 June
Thursday 19 July
Wednesday 22 August

SERIES 3

Thursday 19
& Friday 20 July
Wednesday 15 August
Wednesday 12 September
Wednesday 24 October

SERIES 4

Thursday 6
& Friday 7 September
Thursday 11 October
Thursday 1 November
Thursday 29 November



2012 REGISTRATION FORM

Please indicate your Series preference

LGPRO IGNITE SERIES I - COMMENCING THURSDAY 16 FEBRUARY 2012	<input type="checkbox"/>
LGPRO IGNITE SERIES II - COMMENCING THURSDAY 10 MAY 2012	<input type="checkbox"/>
LGPRO IGNITE SERIES III - COMMENCING THURSDAY 19 JULY 2012	<input type="checkbox"/>
LGPRO IGNITE SERIES IV - COMMENCING THURSDAY 6 SEPTEMBER 2012	<input type="checkbox"/>

Please indicate your Council Classification - Cost includes attendance at all workshops and course materials

SMALL COUNCIL - \$3,200 incl. GST	<input type="checkbox"/>	MEDIUM COUNCIL - \$3,450 incl. GST	<input type="checkbox"/>	LARGE COUNCIL - \$3,670 incl. GST	<input type="checkbox"/>
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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:

PAYMENT

TOTAL FEES PAYABLE \$	PAYMENT METHOD (circle): CHEQUE / EFT / PLEASE EMAIL INVOICE		
OR DEBIT MY: MASTERCARD / VISA	CARD NO:	<input type="text"/>	
EXPIRY DATE:	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARDHOLDER NAME:	SIGNATURE:		
Payment Contact Name <small>(if different from above)</small>		Payment Contact Email:	
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