***To select the box****, double click the box and choose ‘Checked’ under the ‘Default Value’ column*

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| **PERSONAL DETAILS** |
|  |  |  |
| Date | Venue |  | [ ]  23 – 25 March | Sydney [ ]  10 – 12 June | Melbourne |
| Title |  | [ ]  Mr [ ]  Mrs [ ]  Ms [ ]  Fr [ ]  Br [ ]  Sr |
| Full Name |  |  |
| Position / Role |  |  |
| School |  |  |
| Mobile |  |  |
| Email |  |  |

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| **DIETARY REQUIREMENTS** |
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| **IMPORTANT NOTE**: If you have any other dietary needs/requirements, other than the 3 specified below, participants are requested to bring their own food to supplement any meals. |
| **[ ]** Vegetarian **[ ]** Gluten Free **[ ]** Lactose Intolerant |

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| **PLEASE RETURN FORM BY FRIDAY, 20 FEBRUARY 2015 (SYDNEY) or FRIDAY, 8 MAY 2015 (MELBOURNE) to:** |
|  |  |  |
|  |  | **E** register@marists.org.au |

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| --- |
| **PROGRAMME CO-ORDINATOR** |
|  |  |  |
| Anthony Clarke |  | **E** anthony.clarke@marists.org.au |