



Registration Form – Senate committees and the estimates process

Booking information

Please complete and forward this form to senate.seminars@aph.gov.au.

Receipt of your registration form will be acknowledged by return email. Please contact the coordinator if you have not received confirmation within five working days.

COVID safe arrangements

COVID safe measures will be in place for all in-person seminars, in accordance with [the COVID Safe Plan for Australian Parliament House](#) and government requirements. All in-person participants must maintain physical distancing (1.5 metres) and practice good hygiene. If you are feeling unwell we ask that you please do not attend the seminar in person. Further information about visiting Australian Parliament House is available at https://www.aph.gov.au/Visit_Parliament.

Payment, cancellation and refund policy

Tax invoices will be sent once registrations have closed, one week prior to the seminar date. The seminar fee will be waived only if a cancellation is notified in writing five or more working days prior to the seminar. If a participant is unable to attend, a substitute from the same organisation may attend but the seminar coordinators must be informed of this as early as possible. Due to COVID safe measures, substitute attendees will not be permitted to attend the seminar without prior notice. **No refund will be given for non-attendance.**

For further information and course availability, visit our website at www.aph.gov.au/senate/seminars or contact the Seminar Coordinator on (02) 6277 3074.

Booking details

Preferred date: ☐ 4 March ☐ 20 May ☐ 14 October

Attendance: ☐ In-person ☐ Online

Contact person

Name: _____
Organisation: _____
Mailing Address: _____
Suburb: _____ State: _____ Post Code: _____
Phone: _____
Email: _____

Please note: these details may be shared with ACT Government health officials for contact tracing purposes.

Participants

Total number of participants: _____

Please include the name, APS classification and residential postcode of all participants on the following page.



Participants (cont.)

Please include the name, classification, and residential postcode of all participants in the list below. Participant names and residential postcodes may be shared with ACT Government health officials for contact tracing purposes.

Please attach a list of participants if there is insufficient space.

| Name | APS Classification | Residential postcode |
|------|-----------------------|-------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |
| 16. | | |
| 17. | | |
| 18. | | |
| 19. | | |
| 20. | | |