



To book a place on the Seventh *QHE Seminar - Transforming Quality* - to be held in Melbourne 30th-31st October 2002, please use the form below or download it and fax a completed form to +613 9925 1655 or mail it Coordinator, 7th *Quality in Higher Education Seminar*, Centre for Management Quality Research, Business Faculty, RMIT University, GPO Box 2476v, Melbourne 3001, Australia. E-mail any queries to: 7qhes@rmit.edu.au

Please note that there is an 'early bird' discount for bookings made before 1st September 2002, as well as discounts for full time students and members of professional associations devoted to higher education research as per details below.

The cost of the Seminar includes lunch and refreshments on each day, the conference dinner and a cultural event. Prices are in Australian dollars.

Reservation Option (please select appropriate box):*

Select	Option
<input type="checkbox"/>	Standard Registration - A\$770 (Early bird rate* A\$695)
<input type="checkbox"/>	Members of the Associations for Institutional Research (eg. EAIR, AAIR) and the Societies for Research into Higher Education (eg. SRHE, HERDSA) - A\$660 (Early bird rate* A\$595)
<input type="checkbox"/>	Students - A\$595 (Early bird rate A\$550)

Those seeking discount should provide details of their affiliation

Title:

First name: **

Last name: **

Institution/Organisation:

Position:

e-mail: **

Address:

Telephone number:

Fax number:

I intend to submit a paper:

Yes No

Questions/Special Requirments:

** denotes necessary field

Payment Method:

Invoice my institution:

Full details of position and the address of your institution must be furnished. The payment must be completed before the seminar.

Payment by Direct Remittance:

Please print a copy of the form above and mail it along with payment. Payment must be in the form of a cheque from, or a bank draft for, an Australian bank made out to 'RMIT University-7QHES'.

Payment by Credit Card:

Please print a copy of this form, complete the following and FAX it or mail it.

NAME: _____

VISA / MasterCard / Bankcard (please delete)

Please note that charge facility for other credit cards is not available.

No.: _____

EXPIRY DATE: _____

AMOUNT DEBITED: A\$ _____

AUTHORISED SIGNATURE:
