

Application for the Copland Program 2010

Please complete this application form and return to CEDA via

email Ellie.Thompson@ceda.com.au
fax 03 8677 1138
post GPO Box 2117, Melbourne 3001



A completed application form must be submitted together with a letter of nomination from your organisation, and a copy of your full CV. Please note your contact information and CV will be circulated to all Copland Program participants to allow you to further develop your networks and discuss the topics on a one to one basis.

Closing date for applications: Thursday 22 April 2010

Program Fees (including GST) –

- Single registration: \$3850 per person
- Two registrations from same organisation: \$3300 per person
- Three or more registrations from the same organisation: \$3025 per person

An **invoice** for the Program fee will be issued on receipt of your completed application. Payment is required prior to the commencement of the program on 20 May 2010.

Enquiries – Please contact Sharon Braun, Events Manager Vic/Tas, Sharon.Braun@ceda.com.au or phone 03 9652 8409.

| | | |
|-------|------------|-----------|
| Title | First name | Last name |
|-------|------------|-----------|

Position

Organisation

Postal address

| | | |
|------|-------|----------|
| City | State | Postcode |
|------|-------|----------|

| | |
|-----------|--------|
| Telephone | Mobile |
|-----------|--------|

Email

Date of birth

Dietary requirements

Main area of responsibility

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> General management | <input type="checkbox"/> Sales/marketing | <input type="checkbox"/> Information systems | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Human resources/training | <input type="checkbox"/> Production/operations | <input type="checkbox"/> Engineering | <input type="checkbox"/> Other (please specify) _____ |

Management level

- | | | |
|-------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> Middle | <input type="checkbox"/> Senior |
|-------------------------------------|---------------------------------|---------------------------------|

Organisation type

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Public Company | <input type="checkbox"/> Private Company | <input type="checkbox"/> Not-for-profit | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> State Government | <input type="checkbox"/> Local Government | <input type="checkbox"/> Government Business Enterprise |

Other

Tertiary Education

| | | |
|---------------|-------------|----------------|
| Qualification | Institution | Year completed |
|---------------|-------------|----------------|

Do you have any disability or health considerations that we should be aware of?

What do you hope to gain from participating in the Copland Program?

How did you find out about the Copland Program?

Privacy Notification

CEDA is collecting this personal information for our records and to conduct our business, and this information will not be passed on to any other organisation.