## Health Law Intensive **Enrolment Form**



Title		Mr		Mrs		Miss		Ms		Dr			Prof		other
First Name															
Surname															
Position															
Company/Organisation															
Courier Address (for course materials to be sent)															
City															
Phone															
Email															
Dietary requirements															
I wish to confirm my enrolment in the Health Law Intensive Course 25 August - 29 August 2025. Te Puni Room, Wellington Function Centre. Wellington  aail enrolment form to: healthlaw@otago.ac.nz  base provide a purchase order if your organisation requires one for payment.															
ease provide a purchase or	der i	if your	orga	nisatio	n rec	quires	one <sup>-</sup>	for pa	ymer	nt.					
PAYMENT PREFERENCE															
Please invoice me			Pleas	se invo	oice m	ny org	janisa	ation	Р	rice <sup>1</sup>	TBC			TB	C
Billing Address*	Str	Street													
* If you ticked "Please invoice me", enter your personal address and if you ticked "Please invoice my organisation", enter the organisation address. Invoices will be sent via email.	City	У								F	ostco	ode			
	Email How did you hear about this course?														
		w did	you r	near at	oout t	inis co	ourse	<i>:</i>							



## CONDITIONS OF ENROLMENT

The University may cancel any course because of insufficient numbers or other unforseen circumstances.

The University of Otago is not responsible for any expenses (e.g books/travel/accommodation) that have been incurred. The University will impose a \$350 cancellation fee on anyone who cancels their enrolment within 14 days of the course taking place.