



# Dolphin Sighting Network Workshop Booking Form



**Yes, I would like to book attendance for an upcoming Dolphin Sighting Network Workshop. Your payment for attendance at the workshop is considered a donation to Southern Cross University's Dolphin Ecology & Acoustics Project.**

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**Applicants Details:** Please ensure you complete all fields

Individual Donor                       Group Donor (includes family)  
Number of People in group \_\_\_\_\_

*Contact Details:*

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Business Name (group bookings only): \_\_\_\_\_

Postal Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Ph: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**Which Workshop Would You Like to Attend?**

Date of Workshop: \_\_\_\_\_

Location of Workshop: \_\_\_\_\_ Time of Workshop: \_\_\_\_\_

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**Payers Details**

**Please send my charitable tax receipt to:**

*Are the contact details of the person paying the same as above?*

*If not, please provide payers details below:*

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Business Name (group bookings only): \_\_\_\_\_

Postal Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Ph: \_\_\_\_\_ E-mail: \_\_\_\_\_

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### Payment Details

Workshop Donation \$50/person

I would like to make an additional donation of: \$ \_\_\_\_\_

Total to be charged \$ \_\_\_\_\_ Please charge me annually for this amount

Please charge my credit card

Visa  Mastercard  Amex

Card Number

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Expiry Date \_\_\_\_/\_\_\_\_ Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

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All personal information provided on this form is protected by the Privacy & Personal Information Protection Act 1988(NSW) and the Privacy Amendment Act (2000). Your donation will be processed by Southern Cross University and a charitable tax receipt will be sent to the donor's address as provided above.

Yes, I would like to receive your SCU donor newsletter

Thank you for your generous support.

### Please return this form to:

E-mail: [liz@dolphinresearchaustralia.com](mailto:liz@dolphinresearchaustralia.com)

OR

Dolphin Ecology & Acoustics Project  
Southern Cross University Whale Research Centre  
PO Box 157  
Lismore NSW 2480

### Contact Details:

T: (02) 6620 3650

F: (02) 6621 2669



### Office Use Only:

Date Received:

Receipt #:

Workshop:

Date:

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GL Code: 1.120.00.1801