

**CSI:SYDNEY 2009 / 2010 CYBER CRIME INVESTIGATION WORKSHOP
ENROLMENT FORM**

1. Student Details

First Name: _____ Surname: _____

DOB: _____

2. Parent or Guardian Details

Title: _____ First Name: _____ Surname: _____

Address: _____

_____ State: _____ Postcode: _____

Telephone Number: _____ Mobile: _____

E-mail Address: _____

3. School Details

Name of School: _____

Address: _____

_____ State: _____ Postcode: _____

4. Cyber Crime Investigation Workshops - Each 2 Day Workshop \$300:

Spring Holidays 2009

Monday 12 October & Tuesday 13 October

Summer Holidays 2010

Tuesday 12 January & Wednesday 13 January

Thursday 14 January & Friday 15 January

Tuesday 19 January & Wednesday 20 January

Thursday 21 January & Friday 22 January

5. Payment Details

Visa MasterCard Amex Amount: \$ _____

Card Number: _____ Expiry Date: _____

Name on Card: _____

6. How did you hear about the workshops?

School / Head Teacher / Science Teacher Friends Email Website

Internet Search Engine Other (please specify): _____

Please fax this form back to: (02) 8117 2018