

Registration form for the Practical CGE Modelling course held in Dubai (2016)

NAME:				E	MAIL:	
ORGANISATION:						
ADDRESS:						
CONTACT TELEP	PHONE NO:					
HOW DID YOU	HEAR ABOUT	THE COL	JRSE			
PAYMENT FO	R TRAINING CO	URSE				
Academic or stude	nt: US\$ 2,000					
Government:	US\$ 3,000					
Consulting firms:	US\$ 5,000					
Note: the payment	will be processed in	Australian S	\$ based or	n the US/AL	JS exchange rate on	the day of paymen
METHOD OF F	PAYMENT					
1. Do you wish	of the following parto be invoiced? _sued an invoice. The			ear paymer	nt instructions.	
OR						
2. Do you wish	to pay by credit ca	ard? If so, p	lease con	nplete the o	details below.	
FINANCE OFFICE Enter Credit Card		te: AMEX/Di	iners Card	s are not ac	cepted by VU operat	ors/agents)
Tick appropriate bo	ОХ	VISA			MASTERCARE) 🗆
NAME OF CARDH	HOLDER:					
SIGNATURE of CA	ARDHOLDER:					
CVV (security) NO	:					

(NOTE: VU is responsible for ensuring that all their operators/agents who process credit card payments comply with the 'PCI Data Security Standard Requirements'. All operators/agents must securely store/process payment as soon as possible and then dispose/shred any credit card number details immediately after the transaction has been approved)

**Note: (dispose/shred credit card number details immediately after the transaction has been approved)
We will acknowledge receipt of your payments details by email. If you don't receive an acknowledgement within 3 working days please contact us immediately. We will also send your paper receipt by mail to the address you give above.