

Centre for Arab and Islamic Studies

(The Middle East and Central Asia)

Registration for Summer Professional Development Course in Elementary Arabic

FAMILY NAME: _			
GIVEN NAMES: _			
ADDRESS:			
	State:	Postcode:	
Phone No/s : _			_
Email: _			_
I am aware that up-front tui		or this course and that it doe ards any ANU degree or diplo	s not constitute an award course which oma.

Signature: _____

Date_____

Centre for Arab and Islamic Studies (The Middle East and Central Asia) Building 127, Ellery Crescent, The Australian National University ACT 0200

Tel: 02 61251061

Fax: 02 6125 5410

Email: <u>cais@anu.edu.au</u>

Elementary Arabic Course – January 2015

Payment Details

NAME OF STUDENT:

Please find enclosed a cheque for \$450, made out to "The Australian National University". [Receipt will be provided when the payment has been processed.]

□ I will make the payment at the College of Arts and Social Sciences Finance Office (Ground Floor, Beryl Rawson Building #13, Ellery Crescent, ANU) and will present the receipt to CAIS by the commencement of the class.

 \Box I / my organisation require/s a tax invoice in order to make payment. (Please complete the following details)

Debtor Name/Organisation			
Debtor Address			
State	Postcode		
Contact Name		Phone Number	

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