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| **Important notes:**   * The Workshop is free to attend * The Workshop will include morning and afternoon teas and lunch * By completing this registration form you have read, understood, and agreed to the Terms and Conditions and Privacy Statement as stated on this form * Registrations close **Monday, 20 September 2021**   ***Please complete and return this form by email to:***  Irene O’Meara – [irene.omeara@onedisease.org](mailto:irene.omeara@onedisease.org) | |
| CONTACT DETAILS | |
| Mr  Mrs  Ms  Dr  Prof  Other (please specify): | |
| Last Name Click or tap here to enter text. | First Name Click or tap here to enter text. |
| Organisation Click or tap here to enter text. | |
| Position Click or tap here to enter text. | |
| Address Line 1: Click or tap here to enter text. | |
| Address Line 2: Click or tap here to enter text. | |
| Suburb/Town Click or tap here to enter text. | |
| State Click or tap here to enter text. | Postcode Click or tap here to enter text. |
| Work Phone Click or tap here to enter text. | Mobile Click or tap here to enter text. |
| Email Click or tap here to enter text. | |
| SPECIAL DIETARY REQUIREMENTS | |
| *For catering purposes, please indicate if you have special dietary requirements:* | |
| Vegetarian  Vegan  Gluten Free  Allergies: Click or tap here to enter text. | |

**Terms and Conditions:**

Transfer of registration to another person is acceptable. The full name and details of the person that will replace you must be advised in writing to One Disease prior to the Workshop.

**Privacy Statement:**

One Disease respects and upholds your right to privacy protection under the Australian Privacy Principles (2014) in regulating how we collect, use, disclose and hold your personal information.

Use of personal information: One Disease will collect and store the information you provide in this Registration Form for the purposes of enabling us to:

* Register your attendance at the Workshop
* Assist with administrative and planning purposes
* Plan and develop the Workshop and other events in the future
* Facilitate your requirements in relation to the Workshop; and
* Allow the compilation and analysis of statistics relevant to the Workshop.

The information that you provide in the Registration Form and information provided at any other time during the Workshop, including without limitation any feedback obtained during the Workshop, will be used by One Disease to offer, provide, and continue to improve its future Workshops and other services.

**Photographs/Video Consent**

By taking part in these One Disease activities, you grant One Disease full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for fundraising, publicity or other purposes to help achieve our aims. This might include (but is not limited to) the right to use them in our printed and online publicity, social media, media releases, annual reports, and funding applications. If you do not wish to be photographed, please inform One Disease in writing.

**By completing this registration form I have read, understood, and agreed to the terms and conditions and the privacy statement**

**Signature:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.