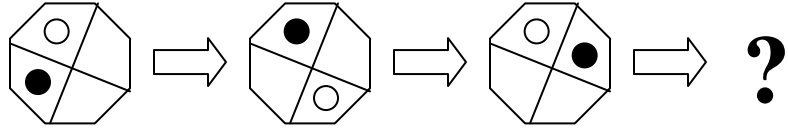




National
Institute of
Education



NIE PreMed Professional Preparation Course 2012

Applicants Details

Name: _____

Address: _____

Postcode: _____

Phone: () _____

Email: _____

How did you find us? _____

Date and Location of Course

First Preference: _____

City: _____

Date: _____

Second Preference: _____

City: _____

Date: _____

Disclaimer:

NIE is in no way associated with, or endorsed by, ACER and the UMAT Consortium. NIE reserves the right to refuse or cancel any individual's application and to cancel any of its workshops. Refunds or cancellations by students will incur an administrative charge of no less than \$55. No refund will be given if an applicant cancels within three weeks of their scheduled workshop or after their books have been posted. NIE will not be held responsible for any injuries, inconvenience or loss associated with its operation or courses. These courses have been specifically designed to assist candidates who wish to improve or maximize their UMAT score through the implementation of well-researched and practiced preparation techniques.

Signature (parent or guardian): _____

Please make **cheque or money order** payable to NIE (**National Institute of Education**).

**Mail to: NIE
Admissions officer
14 Peacock St
West Brunswick
Victoria 3055**

Please tick appropriate box

Platinum	\$935	<input type="checkbox"/>
Premium	\$515	<input type="checkbox"/>
Concession*	\$440	<input type="checkbox"/>
DLP	\$450	<input type="checkbox"/>
Group Discount*	\$440	<input type="checkbox"/>

*If applying for Concession – please attach certified copy of Health Care Card.

*Group Discount applies to 3 or more students applying together.

Office Use Only

Date: ----- Amount Paid: ----- Form: -----