

# Leadership for Building Thinking Classrooms 2025

\* Indicates required question

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Please complete this form to register for the Leadership for Building Thinking Classrooms workshops led by Prof. Peter Liljedahl. An invoice for payment will be issued after submission of the registration form.



## Participant Details

Please provide the contact details of the workshop participant.

If multiple individuals from your school/institution are attending the workshop, please submit a separate registration form for each participant.

1. Name \*

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2. Email \*

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3. Phone Number \*

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4. School / Institution \*

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5. Role/Job Title \*

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### Choice of venue

6. Please select your preferred venue. \*

⌵ Dropdown

*Mark only one oval.*

☐ Adelaide

☐ Gold Coast

### Payment and billing details

Please provide details of the person / organisation that will be responsible for payment and billing related issues. The invoice will be sent to them, and copied to you.

7. Billing entity name \*  
(eg school, institution or private individual name)

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8. Billing address \*

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9. Billing Email Address \*

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10. Are you (or your institution) a member of any of our state affiliates?

\*  Dropdown

*Mark only one oval.*

☐ Yes

☐ No      *Skip to question 12*

### Membership Details

11. Which affiliate do you hold membership with? \*

 Dropdown

*Mark only one oval.*

☐ MANSW

☐ MAV

☐ MASA

☐ MAWA

☐ MAT

☐ MTANT

☐ CMA

☐ QAMT

### Other information

12. Do you have any special dietary requirements?

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13. Is there anything else you would like us to know?

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Terms & Conditions :

Please read the [Terms and Conditions](#) before proceeding.

14. By checking this box, you confirm that you have read and agree to the Terms and Conditions. \*

*Tick all that apply.*

☐ I have read and agree to the Terms and Conditions.

**Thank you for registering. Please click SUBMIT to confirm your registration.**

You will receive an invoice by email within one business day of submitting this registration form.

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