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**AICCM Student Registration Bursary:**

**‘Managing Risks to Collections Conference**

**CONTACT DETAILS:**

Title: ….............First Name: ………............................... Surname: ...........……………………………….............

Address: ……………………………………………………...................................................................................

Phone: .................................................... Email: ..............................................................................................

**APPLICATION:**

**Please describe how you will benefit from attendance at the AICCM ‘Managing Risks to Collections’ Conference (max 300 words):**

If successful I, ………………………………………………… agree to submit an article (minimum 500 words and one image) to the AICCM e-newsletter (published quarterly).

**Please return your completed form with a brief 1 page CV to** **secretariat@aiccm.org.au** **by Thursday 31st January, 2019**