

Request For An AUSRIVAS Account

Please provide information in the following fields. Note that fields marked with a * are optional.

Full name:	<input type="text"/>
Preferred user name *:	<input type="text"/>
Organisation:	<input type="text"/>
State:	<input type="text"/>
Period account is required for *:	<input type="text"/>
Postal address:	<input type="text"/>
Phone number:	<input type="text"/>
Fax number:	<input type="text"/>
Proposed use: (eg teaching, research, consultancy etc)	<input type="text"/>

I agree to abide by the conditions of use (below)

Your username and password are non-transferrable, and so can only be used by yourself. Your username and password cannot be passed on to anyone else, This includes new staff, research staff and students, all of whom must obtain their own AUSRIVAS account.