

# Enrolment Form



(when completed this form is a TAX INVOICE)

**RMA Training Pty Ltd** ABN 15 141 069 1192

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**I wish to enrol in the workshops that I have chosen below:**

**Friday, 18 January 2019**

**Wesley Conference Centre, 220 Pitt St, Sydney**

Time	ID	Workshop name	Points	Price GST inc.	Select
8:00 – 9:00	WK206	Identifying ethical issues (mandatory)	1	\$35.00	<input type="checkbox"/>
9:00 – 10:00	WK358	Disciplining migration agents	1	\$35.00	<input type="checkbox"/>
10:00 – 10:10	BREAK				
10:10 – 1:10	WK356	Partner visa issues	3	\$105.00	<input type="checkbox"/>
1:10 – 1:50	LUNCH (not provided)				
1:50 – 3:50	WK408	The character test	2	\$70.00	<input type="checkbox"/>
3:50 – 4:00	BREAK				
4:00 – 7:00	WK359	Merits review in the MRD	3	\$105.00	<input type="checkbox"/>

**Totals**   inc.  
GST

**Important information:** RMA Training may vary this program at any time, including by way of re-scheduling or cancellation. It is not the intention of RMA Training or of any presenter or employee of RMA Training to establish a professional/client relationship with any person attending these workshops, or to give legal or professional advice to any person. It is the responsibility of all attendees to satisfy themselves that any or all of the workshops are appropriate to be claimed for continuing professional development purposes.

**Privacy:** Any information collected on this form will be used solely for the purposes for which it is given or otherwise permitted or required by law, including referral to the Office of the MARA for completion of CPD attendance records.

**Payment acceptance:** By completing and sending or delivering this form to RMA Training Pty Ltd you authorise payment of the full amount shown.

## REGISTRATION DETAILS AND PAYMENT

MARN (if applicable)		Full name			
Business name					
Mailing address					
Tel		Mobile		Fax	
Email					
Payment method:	Cheque <input type="checkbox"/>	Make payable to RMA Training Pty Ltd			
	Credit card:	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Amex <input type="checkbox"/>	
I authorise payment to RMA Training Pty Ltd of the sum of					\$
Card number				CCV or security number	
Expiry date (mm/yy)		Name on card			
Signature					

**Print form and fax to 02 9475 1192, email to [admin@rmatraining.com.au](mailto:admin@rmatraining.com.au), or post to GPO Box 4627, Sydney NSW 2001**  
By sending this form you authorise RMA Training Pty Ltd to charge the sum shown to your credit card