

Enrolment Form



(when completed this form is a TAX INVOICE)

RMA Training Pty Ltd ABN 15 141 069 1192

GPO Box 4627
Sydney NSW 2001
admin@rmatraining.com.au

Tel: 02 8006 0146
Mob: 0402 073 076

Fax: 02 9475 1192

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

Friday, 22 February 2019

Wesley Conference Centre, 220 Pitt St, Sydney

Time	No.	Workshop name	Points	Price GST inc.	Select
8:00 – 9:00	WK206	Identifying ethical issues (mandatory)	1	\$35.00	
9:00 – 10:00	WK358	Disciplining migration agents	1	\$35.00	
10:00 – 10:10	BREAK				
10:10 – 1:10	WK356	Partner visa issues	3	\$105.00	
1:10 – 1:50	LUNCH (not provided)				
1:50 – 3:50	WK408	The character test	2	\$70.00	
3:50 – 4:00	BREAK				
4:00 – 7:00	WK359	Merits review in the MRD	3	\$105.00	

Total points towards the CPD requirements for migration agents or NSW solicitors

Price ex GST

+ GST

Total to pay

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	<i>Make payable to RMA Training Pty Ltd</i>
	Credit card:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex
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, 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