

Enrolment Form



(when completed this form is a TAX INVOICE)

RMA Training Pty Ltd ABN 15 141 069 1192

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Sydney NSW 2000

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

Friday, 9 October 2020

| Time (AEDST) | No. | Workshop name | Points | Price GST inc. | Select |
|--------------|-------|--|--------|-------------------|--------------------------|
| 8:30 – 9:30 | WK206 | Identifying ethical issues (mandatory) | 1 | \$35.00 | <input type="checkbox"/> |
| 9:30 – 10:30 | WK358 | Disciplining migration agents | 1 | \$35.00 | <input type="checkbox"/> |
| 10:30 – 1:30 | WK359 | Merits review in the MRD | 3 | \$105.00 | <input type="checkbox"/> |

Saturday, 10 October 2020

| | | | | | |
|--------------|-------|---------------------|---|----------|--------------------------|
| 8:30 – 10:30 | WK585 | PIC 4020 | 2 | \$70.00 | <input type="checkbox"/> |
| 10:30 – 1:30 | WK356 | Partner visa issues | 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: | 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, or email to admin@rmatraining.com.au (posted forms not acceptable due to Covid-19 restrictions)

You will be contacted by email with instructions to register and join the workshops you have chosen.

By sending this form you authorise RMA Training Pty Ltd to charge the sum shown to your credit card