

# TRAINING REGISTRATON FORM

— REIV CPD



## COURSE DETAILS

Course Title:

  

Course Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y	Y	Y

For current CPD dates, times and availability please refer to the website [www.reiv.com.au/learning](http://www.reiv.com.au/learning)

## REGISTRATION DETAILS

Details of business/ person making the booking.

Business Name:

Business REIV Membership Number:

Contact Name:

Contact Role:

Contact Email:

Contact Number:

Business Address:

Suburb:

Postcode:

## PAYMENT INFORMATION

On receipt of this application, we will contact you for payment. You may pay via credit card, EFT or BPay. Registration will be complete only after payment.

**PLEASE NOTE:** Registrations are essential. Places WILL NOT be reserved if a registration is not received.

Registrations cancelled less than seven days prior to the training WILL NOT be refunded.

For registrations transferred to another course date with less than 5 business days' notice a \$100 fee will be charged.

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## ATTENDEES

**First Name:**  **Surname:**

**REIV Membership Number:**

**Contact Number:**

**Email:**

**First Name:**  **Surname:**

**REIV Membership Number:**

**Contact Number:**

**Email:**

**First Name:**  **Surname:**

**REIV Membership Number:**

**Contact Number:**

**Email:**

**First Name:**  **Surname:**

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**Email:**

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**Email:**