TRAINING REGISTRATON FORM



- REIV CPD

COURSE DETAILS									
Course Title:	Course Date:								
	D	D	M	M	Υ	Υ	Υ	Y	
For current CPD dates, times and availability please refer to the website 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:	Postc	ode:							

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:
REIV Membership Number:	
Contact Number:	
Email:	
First Name:	Surname:
REIV Membership Number:	
Contact Number:	
Email:	

Privacy Act 1988 – Notification of collection of personal information. Please refer to www.reiv.com.au/privacy-collection-statement for details regarding event registration and privacy. Photography & filming: Photography/filming may be undertaken at the event and may be used for promotion of the REIV and/or reporting on the event. If you prefer that your photograph not be taken, please advise the photographer or an REIV representative at the event.