

TRAINING REGISTRATON FORM

— REIV CPD



SUBMIT FORM VIA EMAIL TO: TRAINING@REIV.COM.AU
OR CONTACT 03 9205 6666

COURSE DETAILS

Course Title:

Course Date:

<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

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

No. of Members:

Total Member Cost:

\$

Total Cost:

\$

No. of Non-Members:

Total Non-Member Cost:

\$

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:	<input type="text"/>	Surname:	<input type="text"/>
REIV Membership Number:	<input type="text"/>		
Contact Number:	<input type="text"/>		
Email:	<input type="text"/>		

First Name:	<input type="text"/>	Surname:	<input type="text"/>
REIV Membership Number:	<input type="text"/>		
Contact Number:	<input type="text"/>		
Email:	<input type="text"/>		

First Name:	<input type="text"/>	Surname:	<input type="text"/>
REIV Membership Number:	<input type="text"/>		
Contact Number:	<input type="text"/>		
Email:	<input type="text"/>		

First Name:	<input type="text"/>	Surname:	<input type="text"/>
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Email:	<input type="text"/>		

First Name:	<input type="text"/>	Surname:	<input type="text"/>
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Contact Number:	<input type="text"/>		
Email:	<input type="text"/>		