

REIV CPD Training Registration Form

Ways to register:

Online: www.reiv.com.au
Fax: 03 9205 6690

Mail:
Real Estate Institute of Victoria
PO Box 443
Camberwell VIC 3124

Enquiries:
For all enquiries please call
REIV Training on **03 9205 6669**
or email **cpd@reiv.com.au**

Please complete the following to register;

Course Title: _____

Course Date: _____

For current CPD course dates, times and availability please refer to the website www.reiv.com.au/learning

Course Attendee First Name _____

Surname _____

Are you an Individual member? Yes No

Individual REIV member number _____
To be eligible for the membership rate the course attendee must have a current *individual* REIV membership

Cost\$ _____ Contact person _____

Company Name _____

Company Address _____

Suburb _____

Postcode _____

Email _____

Phone _____

Your privacy. You consent to the REIV collecting your personal and sensitive information to process your registration. The information will be held, used, and disclosed for this purpose and also to advise you of other events and opportunities which the REIV thinks may be of interest to you. The main consequence for you if some or all of your personal or sensitive information is not collected is the REIV will not be able to process your registration. The REIV Privacy Policy has information about how you may access your personal and sensitive information to correct it. It also has information about how you may complain about a breach of the Australian Privacy Principles and how the REIV will deal with your complaint. The REIV is unlikely to disclose your personal or sensitive information to overseas recipients. The REIV Privacy Policy is available at <http://www.reiv.com.au>. The funding for this registration form was provided from the Victorian Property Fund on the approval of the Minister for Consumer Affairs.

Payment Details

Please find enclosed a cheque (payable to REIV).
OR

NOTE: THE REIV NO LONGER CHARGES COMPANY ACCOUNTS

Charge my credit card Visa MasterCard American Express

Credit Card Number _____

Name on Card _____

Expiry Date _____ / _____ Signature _____

PLEASE NOTE: Registrations are essential. Places WILL NOT be reserved if a registration is not received.
Registrations cancelled less than seven business 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