

# 3 EASY WAYS TO REGISTER



BOOK ONLINE AT  
[WWW.FMRC.COM.AU](http://WWW.FMRC.COM.AU)



FAX YOUR COMPLETED  
REGISTRATION FORM  
TO 02 8088 3872



PHONE US ON  
02 9262 3377

## WHAT IS YOUR INVESTMENT?

Your investment in the *Practice Management and Development for Associates and Solicitors* workshops is **\$385 (inc GST)** for either half-day workshop or **\$660 (inc GST)** for the full day.



## HOW MANY MCLE /CPD POINTS WILL YOU EARN?

Each stream enables participants to claim 3 MCLE points in NSW and 3 CPD points in Victoria.

## WHO SHOULD ATTEND?

Associates and solicitors with the capacity and interest in enhancing their overall contribution.

## REGISTRATION AND TAX INVOICE

### Please register me in the following workshop:

- |                          |           |                          |               |
|--------------------------|-----------|--------------------------|---------------|
| <input type="checkbox"/> | Sydney    | Wednesday, 17 March 2010 | Sydney CBD    |
| <input type="checkbox"/> | Melbourne | Tuesday, 23 March 2010   | Melbourne CBD |
| <input type="checkbox"/> | Brisbane  | Tuesday, 30 March 2010   | Brisbane CBD  |

for the following sessions:

- |                          |            |                            |
|--------------------------|------------|----------------------------|
| <input type="checkbox"/> | Morning:   | \$385 per person (inc GST) |
| <input type="checkbox"/> | Afternoon: | \$385 per person (inc GST) |
| <input type="checkbox"/> | All day:   | \$660 per person (inc GST) |

Name of your firm \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

(Please copy form and complete for additional registrants)

I enclose a cheque made payable to FMRC Pty Ltd **OR**

Please charge my credit card with the amount of \$ \_\_\_\_\_

Visa  Mastercard  Amex

Card no \_\_\_\_\_

Name on card \_\_\_\_\_

Expiry date \_\_\_\_\_ Signature on card \_\_\_\_\_

CVN no. \_\_\_\_\_ Please provide the last 3 digits of your CVN, which is printed on the signature strip on the back of your credit card.

**Tax invoice** *Once completed, this form constitutes a tax invoice from FMRC Pty Ltd. ABN 80 083 010 075*

OUR CANCELLATION POLICY: Registrations cancelled within one week of a workshop incur an administration charge. FMRC reserves the right to cancel workshops due to insufficient registrations.



Visit us and find out more:

FMRC Pty Ltd ABN 80 083 010 075

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