



BOOK ONLINE AT  
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 **\$440 (inc GST)** for either half-day workshop or **\$770 (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 and Queensland.

Attendance at this workshop allows participants to meet their CLE / CPD requirements for Practice Management and Business Skills and Professional Skills.

## 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    | Thursday, 20 March 2012 | Sydney CBD    |
| <input type="checkbox"/> Melbourne | Tuesday, 27 March 2012  | Brisbane CBD  |
| <input type="checkbox"/> Brisbane  | Thursday 29 March 2012  | Melbourne CBD |

for the following sessions:

- |                                     |                            |
|-------------------------------------|----------------------------|
| <input type="checkbox"/> Morning:   | \$440 per person (inc GST) |
| <input type="checkbox"/> Afternoon: | \$440 per person (inc GST) |
| <input type="checkbox"/> All day:   | \$770 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:

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