

STUDENT ENROLMENT FORM

Office Use Only			
B	I	A	P

Personal Details *Please Print Clearly*

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		
Surname:			
Given Name:			
Date of Birth:			

Contact Details *Please Print Clearly*

Phone:			
Mobile:			
Street Address:			
City:		Post Code:	
Email:			

Invoice To *Please complete if required*

Company Name:			
Contact:			
Street Address:			
City:		Post Code:	

Course Details *view course dates on the calendar attached. Select your course below and fill in the preferred dates*

MYOB for Beginners 3 Session (2 Week) \$370.00	<p>Dates</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> Session 1 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="width: 50%;"> Session 2 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td> Session 3 (Evening Only) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td> Session 4 (Evening Only) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table>	Session 1 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Session 2 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Session 3 (Evening Only) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Session 4 (Evening Only) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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MYOB Advanced 3 Session (1 Weeks) \$270.00	<p>Dates</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> Session 1 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="width: 50%;"> Session 2 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td> Session 3 (Evening Only) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td> Session 4 (Evening Only) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table>	Session 1 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Session 2 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Session 3 (Evening Only) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Session 4 (Evening Only) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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MYOB Combo (Advanced Certificate) 5 Sessions (3 Week) \$575.00	<p>Dates</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> Session 1 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> <td style="width: 50%;"> Session 2 (Evening Only) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table>	Session 1 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Session 2 (Evening Only) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
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Total Courses Selected:	Total Price: \$				

Payment Details					
<input type="checkbox"/> Cash	Please visit The Accounting Solution to make payment prior to your Commencement Date				
<input type="checkbox"/> Cheque	Please make cheque payable to The Accounting Solution				
<input type="checkbox"/> Direct Deposit	Bank Details: Bank : ANZ (Suva) Name : MYOB Experts (Fiji) Account#: 11334373 Please enter your Name as the reference				
<input type="checkbox"/> Eftpos	Please visit The Accounting Solution to make payment prior to your Commencement Date				
<input type="checkbox"/> Credit Card	Please debit my <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Card No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiry: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> CVV: <input type="text"/> <input type="text"/> <input type="text"/> <table border="1" style="width: 100%;"> <tr> <td>Cardholder Name:</td> <td></td> </tr> <tr> <td>Cardholder Signature:</td> <td></td> </tr> </table>	Cardholder Name:		Cardholder Signature:	
Cardholder Name:					
Cardholder Signature:					

How did you find out about our Courses?	
<input type="checkbox"/> Internet Search	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Flyer/ Brochure
<input type="checkbox"/> Other (Please Specify)	

Privacy Statement
All information provided by you will be treated with utmost confidentiality and will not be accessible by any person outside The Accounting Solution at any time, unless prior permission is received by you that such information may be disclosed or unless the information is required by an outside party under legislation. All information provided by you will be held securely and will be available to you at any time.

Fees & Refunds
All fees must be paid in full before commencement of your course to ensure a placement. Scheduled Fees are stated under the Course Details section of this form and are subject to change without notice. Refund Policy: Should you need to cancel your enrolment, a full refund will be offered up to 72 hours before the commencement of your course. Should your cancellation occur within 72 hours of your course commencing, a \$75.00 cancellation fee will apply. The Accounting Solution reserves the right to cancel or re-schedule courses, and in such an event exchange or refund will be addressed.

Declaration
I declare to the best of my knowledge that the information I have provided on this application is correct and complete. I acknowledge that it is my responsibility to ensure that I seek any course advice that I may require. I acknowledge that while I am enrolled in an The Accounting Solution program I am subject to the legislation and Policies and Procedures that apply to that program. I acknowledge that I have read and fully understand the Privacy Statement and the Fees and Refunds policy.
Signature: _____ Date: _____

<p>Please complete and return this form at your earliest convenience to secure a booking.</p> <p>The Accounting Solution 15, Tebara Plaza Nakasi, Fiji Ph: 3563 222 Mob: 9207554 Email: info@TheAccountingSolution.com.fj</p>
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BOOKINGS WILL BE CONFIRMED AND A TAX INVOICE/ RECEIPT ISSUED UPON RECEIPT OF PAYMENT