Practice Risk Management eLearning Course



Group Enrolment Form

Complete the details below and mail/fax to:

Actuaries Institute

Level 2, 50 Carrington Street, Sydney, NSW, 2000 elearning@actuaries.asn.au | **f** +61 (0) 2 9233 3446 | **t** +61 (0) 2 9233 3466

_						
Company						
Address						
Suburb				State		Postcode
Country						
Group Co	ntact					
Title		First Name				
Surname						
Position						
Tel				Fax		
Mob						
Email						
Membershi	p Status:					
Member ID					Non-Member	
The Grou	up Contact will also	be undertak	— ing the Practice Risk	Manag	jement eLearni	ng Course
Payment D	etails:					
5-10 Group M 11+ Group M		-	er person (Incl. GST) er person (Incl. GST)			
	Total Pay	yment Amour	nt \$			
	e (Payable to the In		uaries of Australia) Please forward remit	tance a	→ dvice to Fax +6	1(0) 2 9233 3446)
Credit Card	d: Visa M	lastercard [AMEX			
Please print	:					
Name on C						Expiry Date
Card Numb Signature	eı [][]					Date

Other Group Members

Group Men	nber			
Title	First N	lame		
Surname				
Position				
Email				
Membership	Status:			
Member ID			Non-Member	
Group Me	mber			
Title	Firet	Name		
Surname	11131	Nullic		
Position				
Email				
Membershi	p Status:			
Member ID			Non-Member	
Group Me	mber			
Title	First	Name		
Surname		-		
Position				
Email				
Membersh	ip Status:			
Member ID			Non-Member	
Group Me	mber			
Title	First	Name		
Surname				
Position				
Email				
Membersh	ip Status:			
Member ID			Non-Member	

Other Group Members

Member ID

Group Member Title First Name Surname Position Email **Membership Status:** Non-Member Member ID **Group Member** First Name Title Surname Position Email **Membership Status:** Non-Member Member ID **Group Member** First Name Title Surname Position Email **Membership Status:** Member ID Non-Member **Group Member** Title First Name Surname Position Email **Membership Status:**

Non-Member

Other Group Members

Member ID

Group Member Title First Name Surname Position Email **Membership Status:** Non-Member Member ID **Group Member** First Name Title Surname Position Email **Membership Status:** Non-Member Member ID **Group Member** First Name Title Surname Position Email **Membership Status:** Member ID Non-Member **Group Member** Title First Name Surname Position Email **Membership Status:**

Non-Member