## registration

# CMA Program Application GMA Program Application



#### Registration information

#### Confirmation

All applications will be acknowledged. Once your payment is processed an official receipt will be sent out. Keep your Tax Invoice as proof of registration

#### Cancellation

Please choose your course carefully. CMA Study Centre is not obliged by law to refund, transfer or issue a credit note if you choose the wrong course, change your mind or your circumstances change

Once you have filled this form, you

#### fax-in (24 hrs)

+61-3-85550387

with your credit card details and other supporting documents

#### mail-in

**CMA Study Centre** 

Wharton Institute of Technology & Science

5/20 Duerdin Street,

Clayton North, VIC 3186

**AUSTRALIA** 

with cheque payable to Wharton Institute of Technology & Science and other supporting documents

As you have enrolled in courses from the Institute, we would like to send you emails in the future regarding other courses provided by or associated with the Institute. All of our commercial messages to you will also include an unsubscribe facility, as required by the Spam Act 2003. Unless and until we hear from you to the contrary, we will assume that we have your consent to send such emails.

**STUDENT SIGNATURE** 

Signature of Applicant \_

### Р Т

PERSONAL INFORMATION			
Title: (Mr/Mrs/Ms/Miss/Other)		Preferred Name(s)	
First Name		_Middle Name(s)	
Last Name(s)			
Date of Birth (dd/mm/yy)		_Sex[] Male[] Female	
CONTACT DETAILS			
Mailing Address - This is my [ ] Home	[ ] Business		
Address 1:			
Address 2:			
Suburb	_City	State	
PostcodeCountry	_		
Home: ( )	_Work: ( )	Mobile:	
Facsimile: ( )	_ Email		
PRESENT OR MOST RECENT EMPLO	OYMENT (if any)		
Employer's Name		Date of Appointment	
Employer's Address			
Post Held/Current Occupation/Situation			
Brief Outline of Duties and Responsibili	ties		
fulfill the educational requirements of th highschool certificates, degrees, gradu PLEASE ATTACH ALL SUPPORTING NOTE: CMA applicants - all students s Qualifications  1	es/qualifications either e relevant Education ate diplomas, and an DOCUMENTS hould have a degree Institution	er obtained or currently being undertaken that will Program (CMA or GMA). These might include ny professional or other relevant qualifications.  or professional qualification in accounting Year Grade	
			—
(Please provide certified copies of your	transcripts)		
PAYMENT DETAILS			
I would like to enrol for:			
Maximum of 4 subjects per exam period	4		
CMA Program:		ase insert subject names):	
Strategic Cost Management			
Strategic Business Analysis			
	i ii		
TOTAL COST : AUD\$	_ All subjects AUD\$	800 (+GST for students residing in Australia).	
I would like to pay my fees by:			
[ ] Credit Card			
[ ] MasterCard [ ] Visa (cr	edit card only)	Please charge my credit card for \$	
Card No		Expiry Date//	
		Signature	
or			
[ ] Money Order/Bank Draft payable to	- Wharton Institute of	of Technology & Science	
Cheque Number		Date	

Bank / Institution \_\_\_\_\_Amount \_\_\_\_

Date