

## MYOB Training

### MYOB COURSE ENROLMENT

Please complete the following details for our training records:

Name:.....

Address: .....

Business details (if applic): .....

Contact details:

Phone.....Mobile:.....Email:.....

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Nominated Course:

Day to Day Processes  Setting Up  Payroll Mgmt  Advanced Processes   
Date: \_\_/\_\_/\_\_ Date: \_\_/\_\_/\_\_ Date: \_\_/\_\_/\_\_ Date: \_\_/\_\_/\_\_

**Note: For Combo Courses choose two courses**

Why have you expressed an interest in this course?

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.....  
.....

Do you have any knowledge/experience with MYOB? Yes/no

If yes please give details.....  
.....  
.....

**\*\*\*All sessions must be attended for the Certificate of Achievement to be awarded \*\*\***  
**Please arrive at least 10 minutes before the scheduled time**

**This form can be posted together with the applicable course fee to:**

**CMACS  
41 Castle Street  
REYNELLA SA 5161**