



# The Australasian College of Cosmetic Surgery

*Raising Standards, Protecting Patients*

## JUVEDERM/BOTOX WORKSHOP Saturday 17<sup>th</sup> November 2012 Brisbane

### REGISTRATION FORM

**PARTICIPANT INFORMATION**

**DATE OF APPLICATION:**.....

**Name:** **Dr.** \_\_\_\_\_  
Last First

**Address:** .....

**Indemnity Insurer: (Attach copy)** \_\_\_\_\_ **Policy No:** \_\_\_\_\_

**Contact Information:** ( ) \_\_\_\_\_  
Telephone Mobile

**Email:** .....

Please tick box if you are registered for the ACCS Diploma in Cosmetic Medicine or Registrar Training Program

**NB: No payment required for Diploma or Registrar participants**

Please indicate below your level of experience in:

Juvederm: NIL  Some  Advanced   
Botox: NIL  Some  Advanced

**Post or Fax Form to:** Australasian College of Cosmetic Surgery  
PO Box 36 Parramatta NSW 2124  
Fax: (02) 9687 1799

**Payment Details:** \$990 Per participant. (GST Inclusive)  
Payment is required at time of registration. No payments/registrations taken on the day.  
 Cheque Payable to Australasian College of Cosmetic Surgery  
 Credit Card Mastercard/Visa/Amex/Diners (please circle)

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

**NB:** The amount of \$990 being full payment for the course will be debited to your card.

Office Use Only: Payment Confirmed: Yes /No Receipt # \_\_\_\_\_ Date: \_\_\_\_\_