



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

JUVEDERM/BOTOX WORKSHOP Saturday 16th June 2012 Melbourne

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: _____