



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

JUVEDERM/BOTOX WORKSHOP 12th November 2011 Brisbane

REGISTRATION FORM

PARTICIPANT INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last First

Address: _____

Indemnity Insurer: _____ Policy No: _____

Contact Information: () _____
Telephone Mobile

Email _____

Please tick box if you are registered for the ACCS Diploma in Cosmetic Medicine

NB: No payment required for Diploma participants

Please indicate below your level of experience in:

| | | | | | | |
|-----------|-----|--------------------------|------|--------------------------|----------|--------------------------|
| Juvederm: | NIL | <input type="checkbox"/> | Some | <input type="checkbox"/> | Advanced | <input type="checkbox"/> |
| Botox: | NIL | <input type="checkbox"/> | Some | <input type="checkbox"/> | Advanced | <input type="checkbox"/> |

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: _____