



# The Australasian College of Cosmetic Surgery

*Raising Standards, Protecting Patients*

**JUVEDERM/BOTOX WORKSHOP 7<sup>th</sup> May 2011**  
**Melbourne**

## 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: \_\_\_\_\_