



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

ACCS Dermal Fillers Workshop 17 & 18 May – Gold Coast

The ACCS Dermal Fillers Workshop is an educational initiative of the Australasian College of Cosmetic Surgery designed for doctors working to enhance their skills in Cosmetic Medicine.

Course Content

Saturday 17 May

Welcome to the College
Principles of Wound Healing, Assessment and Management
Advances in Fillers
Patient Consultation

Sunday 18 May

Introduction to Esthellis
Scientific Presentation
Hands On Practical

An opportunity will be offered to more experience injectors to have their skills assessed to allow them to advance to a higher level.

Each participant will have the opportunity to perform a consultation with “hands-on” experience offered.

REGISTRATION

\$1650 Per participant (GST Inclusive)
Registration forms can be downloaded from
www.accs.org.au or call 1800 804781 or by
Emailing admin@accs.org.au

VENUE

Cosmedic & Skin Clinic
Suite 2
98 Marine Parade
Southport QLD

Proudly Sponsored By





The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

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REGISTRATION FORM

PARTICIPANT INFORMATION

DATE OF APPLICATION: _____

Name:

Last

First

Address: _____

Contact Information:

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Telephone

Mobile

Email _____

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

NB: No payment required for Diploma participants

Post Or Fax Form to:

Australasian College of Cosmetic Surgery
PO Box 36 Parramatta NSW 2124
Fax: (02) 9687 1799

Payment Details:

\$1650 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)

By fax:

(02) 9687 1799

By phone:

1800 804 781 (free call)

Card Number: _____ Expiry Date: _____

Name on Card: _____

Signature of cardholder: _____

NB: The amount of \$1650 being full payment for the course will be debited to your card.

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