



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients
ACCS Juvederm & Botox Workshop – Sydney
7 November 2009

REGISTRATION FORM

PARTICIPANT INFORMATION

DATE OF APPLICATION: _____

Name:

_____ Last

_____ First

Address: _____

Indemnity Insurer: _____

Policy No: _____

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:

\$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)

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 \$990 being full payment for the course will be debited to your card.

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