



# The Australasian College of Cosmetic Surgery

*Raising Standards, Protecting Patients*

## ACCS Liposuction Workshops – 2016 Sydney

- Basic Liposuction Workshop 1 – 8<sup>th</sup> to 9<sup>th</sup> October 2016
- Advance Liposuction Workshop 2 – 5<sup>th</sup> to 6<sup>th</sup> November 2016

### REGISTRATION FORM

#### PARTICIPANT INFORMATION

Date of application: \_\_\_\_\_

Name: Dr \_\_\_\_\_

Last

First

Address: \_\_\_\_\_

Indemnity Insurer: (please attach copy)

Policy Number: \_\_\_\_\_

#### Contact Information:

Mobile

Email

I wish to attend: (please tick)

- |   |                     |   |                     |
|---|---------------------|---|---------------------|
| <input type="checkbox"/> Basic Workshop ( <i>Hands-on</i> )     | \$6,600.00 incl gst | <input type="checkbox"/> Advance Workshop ( <i>Hands-on</i> )     | \$6,600.00 incl gst |
| <input type="checkbox"/> Basic Workshop ( <i>Observe only</i> ) | \$3,300.00 incl gst | <input type="checkbox"/> Advance Workshop ( <i>Observe only</i> ) | \$3,300.00 incl gst |

Non-members register for both Basic and Advance Workshop receive 5% discount – tick below.

- |   |                      |
|---|----------------------|
| <input type="checkbox"/> Basic & Advance Workshop ( <i>Hands-on</i> )         | \$12,540.00 incl gst |
| <input type="checkbox"/> Basic & Advance Workshop ( <i>Observation only</i> ) | \$6,270.00 incl gst  |

Members of ACCS are entitled to 10% discount on the above registration

Registrars of ACCS are entitled to complimentary registration

To register, please email, fax or post form to: [admin@accs.org.au](mailto:admin@accs.org.au) Fax: (02) 9687 1799  
 Australasian College of Cosmetic Surgery  
 PO Box 36, Parramatta NSW 2124

#### Payment Details:

Payment is required at time of registration. No payments/registrations taken on the day.

- |  |   |   |
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| <input type="checkbox"/> EFT<br><br>Westpac Banking Corp<br>BSB: 032-021, Acc: 134477<br><i>Please advise invoice number and surname with remittance</i> | <input type="checkbox"/> Cheque<br><br>Payable to:<br>Australasian College of<br>Cosmetic Surgery | <input type="checkbox"/> Credit Card<br><i>By phone: 1800 804 781 (free call) or fill in form below.</i><br><br>Mastercard/Visa/Amex/Diners (please circle)<br><br>Card Number: _____ Expiry Date: _____<br><br>Name on Card: _____<br><br>Signature of Cardholder: _____ |
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