



**The Australasian College of Cosmetic Surgery**  
***Raising Standards, Protecting Patients***

**Restylane Injector Clinical Workshop 30 April 2011**  
**Adina Hotel Conference Room, Level 1, Crown St Surry Hills**

**REGISTRATION FORM**

**PARTICIPANT INFORMATION**

**DATE OF APPLICATION:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First

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

**Indemnity Insurer: (Please attach a Copy)** \_\_\_\_\_ **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:

NIL  Some  Advanced

**Post or Fax Form to:** Australasian College of Cosmetic Surgery  
PO Box 36 Parramatta NSW 2124  
Fax: (02) 9687 1799

**Payment Details:** \$550 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 \$550 being full payment for the course will be debited to your card.**

**Office Use Only: Payment Confirmed: Yes /No Receipt #** \_\_\_\_\_ **Date:** \_\_\_\_\_