



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

**Synergie Workshop 16th July 2011
Sydney**

REGISTRATION FORM

PARTICIPANT INFORMATION

DATE OF APPLICATION:

Name: _____
First Last

Practice Name and address: _____

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

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

Payment Details: \$150.00 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 \$150 being full payment for the course will be debited to your card.

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