The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

JUVEDERM/BOTOX WORKSHOP 3rd September 2011 Sydney

REGISTRATION FORM

PARTICIPANT INFORMATION **DATE OF APPLICATION:**_____

Name: .....
Last First

Address: .....

Indemnity Insurer: (please attach a copy) **Policy No:** .....

Please attach a copy of your Australian Medical Registration .....

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 in:

Juvederm:	NIL	☐	Some	☐	Advanced	☐
Botox:	NIL	☐	Some	☐	Advanced	☐

Fax Form to: 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)

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: _____