



# The Australasian College of Cosmetic Surgery

*Raising Standards, Protecting Patients*

## ACCS BOTULINUM TOXIN & DERMAL FILLER WORKSHOP REGISTRATION FORM

I would like to attend the (please tick):

<b>Sydney Workshop to be held on</b>		<b>Melbourne Workshop to be held on</b>	
<input type="checkbox"/> Saturday 8 <sup>th</sup> February 2014	<input type="checkbox"/> Saturday 11 <sup>th</sup> October 2014	<input type="checkbox"/> Saturday 12 <sup>th</sup> April 2014	<input type="checkbox"/>
<input type="checkbox"/> Saturday 21 <sup>st</sup> June 2014	<input type="checkbox"/> Saturday 22 <sup>nd</sup> November 2014	<b>Brisbane workshop to be held on</b>	
		<input type="checkbox"/> Saturday 9 <sup>th</sup> August 2014	

### PARTICIPANT INFORMATION

DATE OF APPLICATION:.....

Name: **Dr.**

.....  
Last

.....  
First

Address: .....

Indemnity Insurer: (Attach copy)

Policy No: .....

Contact Information: ( )

.....  
Telephone

.....  
Mobile

Email: .....

Please tick box if you are registered for the ACCS Diploma in Cosmetic Medicine or Registrar Training Program

**NB: No payment required for Diploma or Registrar participants**

Please indicate below your level of experience in:

Dermal Filler:           NIL                                    Some                                    Advanced

Botulinum Toxin:       NIL                                    Some                                    Advanced

Post, fax or email form to:

Australasian College of Cosmetic Surgery  
PO Box 36 Parramatta NSW 2124  
Fax: (02) 9687 1799 E: [admin@accs.org.au](mailto:admin@accs.org.au)

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: \_\_\_\_\_