



# The Australasian College of Cosmetic Surgery

*Raising Standards, Protecting Patients*

## ACCS BOTULINUM TOXIN & DERMAL FILLER WORKSHOP REGISTRATION FORM

**Sydney Workshop**  
**Saturday 4<sup>th</sup> November 2017**

**PARTICIPANT INFORMATION**

DATE OF APPLICATION:.....

Name: **Dr.**

.....  
Last

.....  
First

Address: .....

Indemnity Insurer: ([Attach copy](#))

Policy No: .....

Contact Information: ( )

.....  
Telephone

.....  
Mobile

Email: .....

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

EFT                               Westpac Banking Corp, BSB 032-021, ACC No.: 134477  
  Please include surname as reference and forward a copy of remittance with registration form

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: \_\_\_\_\_