



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

ACCs BOTULINUM TOXIN & DERMAL FILLER WORKSHOP REGISTRATION FORM

Sydney Workshop
Saturday 14th November 2015

PARTICIPANT INFORMATION

DATE OF APPLICATION:.....

Name: **Dr.**

.....
Last

.....
First

Address:

Indemnity Insurer: (Attach copy)

Policy No:

Contact Information: ()

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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

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: _____