



# The Australasian College of Cosmetic Surgery

*Raising Standards, Protecting Patients*

## **ACCS Juvederm & Botox Workshop** **1 November – Double Bay, NSW** **9am – 5pm**

The ACCS Juvederm & Botox Workshop is an educational initiative of the Australasian College of Cosmetic Surgery designed for doctors working to enhance their skills in Cosmetic Medicine.

### **Course Content**

#### **BOTOX Didactic Presentation**

Botulinum Toxin Pharmacology  
Dilution and Storage  
Patient Consultation  
Cosmetic Enhancement of the Upper Face  
Management of Potential Side Effects

#### **JUVEDERM Didactic Presentation**

Science of Hyaluronic Acid Fillers  
Skin structure and anatomy of the face  
Anaesthetic Principles  
Injection Techniques  
Patient Consultation  
Commissures and Nasolabial fold lines

#### **BOTOX Injecting Demonstration** (Hands on)

#### **JUVEDERM Injecting Demonstration**(Hands on)

#### **JUVEDERM LIP Injecting Demonstration**(Hands on)

### **REGISTRATION**

\$990 Per participant (GST Inclusive)  
Registration forms can be downloaded from  
[www.accs.org.au](http://www.accs.org.au) or call 1800 804 781 or by  
emailing [admin@accs.org.au](mailto:admin@accs.org.au)

### **VENUE**

Stamford Plaza Hotel  
33 Cross St  
Double Bay NSW



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ACCS Juvederm & Botox Workshop – Double Bay  
1 November 2008

## REGISTRATION FORM

PARTICIPANT INFORMATION

DATE OF APPLICATION: \_\_\_\_\_

Name:

Last

First

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:

\$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)

By fax:

(02) 9687 1799

By phone:

1800 804 781 (free call)

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: \_\_\_\_\_