



*Raising Standards  
Protecting Patients*

# Juvederm & Botox Workshop

13 June 2009

Sydney

## Program

*Dedicated to Excellence in Training*

[www.accs.org.au](http://www.accs.org.au)





# **ACCS Juvederm & Botox Workshop**

**13 June 2009**

**Sydney**

## **PROGRAM**

**9.00-10.45**      **BOTOX® Didactic Presentation**  
Botulinum Toxin Pharmacology  
Dilution & Storage  
Patient Selection  
General technique tips  
Cosmetiv Enhancement of the Upper Face  
Management of Potential Side Effects

**10.45-11.00**      **Morning Tea**

**11.00-12.45**      **Juvederm® Didactic Presentation**  
Science of Hyaluronic Acid Fillers  
Skin structure and anatomy of the face  
Anaesthetic Principles  
Injection Techniques  
Patient Care  
Treatments: Lip Enhancement, Oral  
Commissures and Nasolabial Folds

**12.45-1.30**      **Lunch**

**1.30-3.15**      **BOTOX® Injecting Demonstration**

**3.15-3.30**      **Afternoon Tea**

**3.30-5.00**      **Juvederm® Injecting Demonstration**

**End Of Workshop**



# The Australasian College of Cosmetic Surgery

*Raising Standards, Protecting Patients*

ACCS Juvederm & Botox Workshop – Sydney

13 June 2009

## 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: \_\_\_\_\_