



*Raising Standards
Protecting Patients*

Juvederm & Botox Workshop

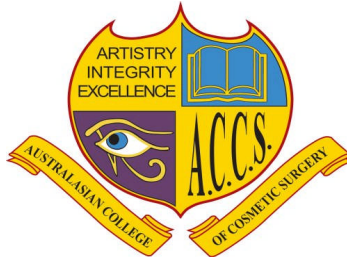
28 February 2009

Melbourne

Program

Dedicated to Excellence in Training
www.accs.org.au





ACCS Juvederm & Botox Workshop

28 February 2009

Melbourne

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 – Melbourne
28 February 2009

REGISTRATION FORM

PARTICIPANT INFORMATION

DATE OF APPLICATION: _____

Name:

_____ Last

_____ First

Address: _____

Contact Information:

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_____ 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: _____