



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

ACCS Liposuction Workshops – 2018 Sydney

- Basic Liposuction Workshop 1 – 28th to 29th July 2018
- Advanced Liposuction Workshop 2 – 25th to 26th August 2018

APPLICATION FORM

Surgical experience required, with details to be provided via CV.

Please complete this form, attach CV and medical indemnity insurance certificate of currency.

PARTICIPANT INFORMATION

Date of application: _____

Name: Dr

Last

First

Address: _____

Indemnity Insurer: (please attach copy)

Policy Number: _____

Insurance policy must cover liposuction procedures.

Contact Information:

Mobile

Email

I wish to attend: (please tick)

- | | | | |
|---|---------------------|---|---------------------|
| <input type="checkbox"/> Basic Workshop (Hands-on) | \$7,700.00 incl gst | <input type="checkbox"/> Advance Workshop (Hands-on) | \$7,700.00 incl gst |
| <input type="checkbox"/> Basic Workshop (Observe only) | \$4,400.00 incl gst | <input type="checkbox"/> Advance Workshop (Observe only) | \$4,400.00 incl gst |

Register for both Basic & Advanced Workshop receive 5% discount, ACCS Fellows 10% discount– tick below.

- | | | | |
|--|----------------------|--|----------------------|
| <input type="checkbox"/> Basic & Advanced Workshop (Hands-on) | \$14,630.00 incl gst | <input type="checkbox"/> Basic & Advanced Workshop (Hands-on) – ACCS Fellow | \$13,860.00 incl gst |
| <input type="checkbox"/> Basic & Advanced Workshop (Observation only) | \$8,360.00 incl gst | <input type="checkbox"/> Basic & Advanced Workshop (Observation only) – ACCS Fellow | \$7,920.00 incl gst |

Surgical Registrars of ACCS are entitled to complimentary registration.

To register, please email or fax form to: admin@accs.org.au Fax: (02) 9687 1799

Payment Details: Payment is required at time of registration. No payments/registrations taken on the day.

EFT

Once approved for workshop(s) and invoice received.

Westpac Banking Corp
BSB: 032-021, Acc: 134477
Please advise invoice number and surname with remittance

Cheque

Payable to:
Australasian College of
Cosmetic Surgery
Post to:
ACCS
PO Box 36
Parramatta NSW 2124

Credit Card

By phone: 1800 804 781 (free call) or fill in form below.

Mastercard/Visa/Amex/Diners (please circle)

Card Number: _____ Expiry Date: _____

Name on Card: _____

Signature of Cardholder: _____