



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

ACCS Liposuction Master Class – Surry Hills, NSW

6 May 2009

REGISTRATION FORM

PARTICIPANT INFORMATION

DATE OF APPLICATION: _____

Name:

_____ Last

_____ First

Address: _____

Alternate Address: _____

Contact Information:

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_____ Telephone

_____ Mobile

Email _____

1 Day Workshop \$3,000 – Limited to 4 Hands on Positions

Observation Only 1-Day Workshop \$1,500

Post or Fax Form to:

Australasian College of Cosmetic Surgery
PO Box 36 Parramatta NSW 2124
Fax: (02) 9687 1799

Payment Details:

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 phone: 1800 804 781 (free call)

Card Number: _____ Expiry Date: _____

Name on Card: _____

Signature of cardholder: _____

Office Use Only:

Payment Confirmed: Yes /No

Date: _____