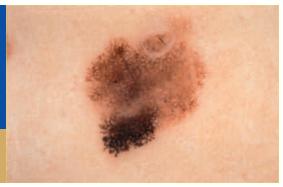
Queensland Skin & Cancer Foundation

DERMOSCOPY BY THE BEACH

SATURDAY 6 - SUNDAY 7 SEPTEMBER 2008



REGISTRATION FORM

Name: _____

Medical Practice Name: _____

Medical Practice Address: _____ PC _____

Postal Address: _____ PC _____

Phone: ( ) _____ Mobile: _____

Fax: ( ) _____ Email: _____

Payment options

(please complete and tick appropriate)

Credit Card: ○ Master Card ○ VISA ○ American Express
(Please note there is a 4% Surcharge on all American Express Transactions.)

(please complete and tick appropriate)

○	**Option 1**	Dermatologist	$795.00 + GST = $874.50
○	**Option 2**	Registrars	$550.00 + GST = $605.00
○	Additional person to attend dinner function on Saturday		$95.00 + GST = $104.50

Please advise additional persons name: _____

How did you hear about us: _____

Name on Card: _____

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: Month ☐☐ Year ☐☐

I have read the terms and conditions on the website and agree to them.
Please process my application and debit my card as per payment option above.

Signature: _____

Once you have completed the Registration Form please post or fax to the below address.

Disclaimer: Please note allocations and places to the above courses are only secured once payment and registration has been processed and confirmed in writing.

HealthCert Australia: PO Box 789, Sanctuary Cove QLD 4212 **Ph:** + 61 7 3137 1399 **Fax:** + 61 7 3319 6251