

## STUDY GROUP I - REGISTRATION FORM

Today's date:			
<b>DELEGATE INFORMATION</b>			
Delegate's last name:		First:	Middle:
		<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Ms.	
Birth date:		Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Phone no.:
			(   )
P.O. box:	City:	State:	Postcode:
Speciality:	Email:	Mobile no.:	
		(   )	

<b>PACKAGES / FEES</b>		
Course Fee	AUS \$ 50.00	<input type="checkbox"/>
Credit Card surcharge of Visa 1.50% + GST and Amex 2.50% + GST	<b>Course Fee</b> <b>Credit Card Surcharge</b> <b>Total Fees &amp; Charges AUS \$</b>	  <b>\$</b> =====

<b>CREDIT CARD DETAILS</b>				
<b>CARD:</b>	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Other			
<b>NAME ON CARD:</b>				
<b>CARD NUMBER:</b> _ _ _ _ _ _ _ _ _ _				
<b>EXPIRY:</b> _ _ / _ _				
<b>CVC/SECURITY NUMBER:</b> _ _ _ _				
<b>CARD HOLDER SIGNATURE</b> _____ <b>DATE</b> _____				