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| This Audit has been approved for 3 hours Educational Activity, 2 hours Reviewing Performance, 10 hours Measuring Outcome |

# **REGISTRATION FORM**

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| --- |
| **NAME:**  |
| **ADDRESS:**  |
| **Ph:**  | **Mob:** |
| **E-mail**  | **CPD/ACRRM No:** |

|  |  |  |
| --- | --- | --- |
| **AMAC Members** | **$ 300.00**  | [ ]  |
| **Non AMAC-Members** | **$ 450.00** | [ ]  |
|  |  |
| **Total** |  |  |

**Payment method:**

|  |
| --- |
| 1. Please forward this Registration Form and your **Cheque (payable to AMAC-Q)** to:

**Lisa William,** **P.O. Box 7930, Bundall, Qld 4217 Phone: 0428 850 771**  |
| 1. **Log on to** [**www.amac.org.au**](http://www.amac.org.au) **to register online**
 |
| 1. E-mail or fax your form to address below and direct deposit to:

**Australian Medical Acupuncture College** **BSB: 084 462 Acct No: 83 791 5608**  Please be sure to put your First Name and Surname  |
|  D. Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Card type: Visa / MasterCard / AmexCredit Card Number: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Expiry Date: \_ / \_ \_ CVV No: \_ \_ \_ \_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL AMOUNT PAID:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |