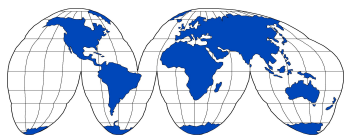


Trauma Services - Auckland City Hospital



Definitive Surgical Trauma Care Course

Course No. 064 / 09

AUCKLAND

Monday 1st to Wednesday 3rd August 2011

Name:.....

Address:.....

.....

Telephone: Fax No:.....

Email:.....

Qualified Surgeon

Advanced Surgical Trainee
(3rd & 4th Years Only)

Scrub Size: Small Medium Large X-Large XXL

Special Dietary Requirements:.....

Registration Fee: \$3155.00 (inclusive of GST)

Please send registration form and payment to:

DSTC – Royal Australasian College of Surgeons
PO Box 7451
Wellington South
New Zealand

Attention: Accounts

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

New Zealand National Board
PO Box 7451, Wellington South
New Zealand



Phone 4 385-8247 Fax 4 385-8873

Tax Invoice No

GST No. 55-237-778

DSTC – Auckland Course No. 064 / 09
August 2011

please detach the form below and return it with your payment.



Pay to: Royal Australasian College of Surgeons
PO Box 7451
Wellington South
Name:

Methods of payment:

❖ *By cheque.*

Please detach this form and return with your cheque made payable in NZ\$ to the Royal Australasian College of Surgeons.

❖ *By credit card.*

Please complete the details below, detach this form and mail it to the College.

Tax Invoice No:

Amount Enclosed

NZ\$.....

Credit Card Details

Diners

Amex

MasterCard

Visa

Expiry Date

Month	Year
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Card Holder Name (Block Letters) _____

Card Number:

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
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Amount Paid: _____

Signature: _____