

Registration Form

ACSP CLINICAL SPORTS MEDICINE 2010

TENDONS



Australasian College of Sports Physicians at NSW Institute of Sport, Olympic Park, NSW  
7 March 2010

**You may register and pay online at [www.acsp.org.au](http://www.acsp.org.au) or complete and submit this form with payment**

**Contact Details:** (please print details clearly)

Title \_\_\_\_\_ First Name \_\_\_\_\_

Surname \_\_\_\_\_

Mailing Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

*(for delivery of receipt)*

Profession (eg medicine, physiotherapy etc) \_\_\_\_\_

QA&CPD No if applicable \_\_\_\_\_

*(required for RACGP accreditation)*

Certificate of Attendance required? Yes / No

Dietary restrictions or other special needs:

\_\_\_\_\_

**Registration Fee:**

\$200 (+GST)

**Payment:**

Direct deposit to NAB BSB 082-053 Account No. 57366-0356

Credit card:  Visa  MasterCard  Amex

Card No.

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Cardholder \_\_\_\_\_

Amount \$ \_\_\_\_\_ Expiry \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

All enquiries to:

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