



Prepaid Registration Order Form

Number of Forms Required (circle)	20	50	100	500	Other _____
Cost: (\$10 per registration)	\$200	\$500	\$1000	\$5000	
Discount	0	0	5%	10%	
User ID					
Clinic Name					
Email Address or Fax Number					
Credit Card number (Visa or MasterCard only)					
Expiry Date					

Please fax to: (02) 9704 1006

Please note a \$5 postage and handling charge will be added to the charge

Conditions of use of prepaid registration forms:

- Forms will be specifically marked 'prepaid' and are inclusive of registration.
- Forms should be treated like money and will not be replaced if damaged or stolen.
- Photocopied or Faxed forms will not be accepted.
- Only signed original forms will be processed

