



I wish to attend the Private Practice Expo on Saturday 18 October 2008.

Melbourne Park Function Centre - Skyline Room Batman Avenue

FREE for AMA members (A complete registration form is still required)

\$99.00 per person (incl. GST) non-AMA members, practice managers or staff

TITLE FIRST NAME

SURNAME

POSITION HELD IN PRACTICE

AMA MEMBER'S NAME (IF APPLICABLE)

AMA MEMBERSHIP NO. (IF APPLICABLE)

PRACTICE NAME

PRACTICE ADDRESS

POSTCODE

TELEPHONE/MOBILE

FACSIMILE

EMAIL

SPECIALTY/TYPE OF PRACTICE

TOTAL AMOUNT \$

CHEQUE (PAYABLE TO AMA VICTORIA) AMEX VISA CARD MASTERCARD

CREDIT CARD NUMBER

CARDHOLDER'S NAME

EXPIRY DATE

CARDHOLDER'S SIGNATURE

Please Note: This document will be a 'TAX INVOICE' when making payment. Please retain a copy for your records. ABN 43 064 447 678 This registration form may be photocopied for multiple use.

To register please return this form with your payment if applicable (cheque attached or credit card details) to AMA (Victoria) by 15 October 2008 Facsimile (03) 9280 8786 Mail AMA Victoria, PO Box 21, Parkville VIC 3052 Contact AMA Victoria telephone 9280 8722

