

# REGISTRATION FORM

## Soft Tissue Conference 2012

**Sponsored by:** Clinic 88 ABN 50108098540  
**Date, Time and Venue:** 13<sup>th</sup> and 14<sup>th</sup> October 2012, St George Leagues Club, 124 Princes Hwy, Kogarah NSW 2217  
Ph: (02) 9587 1022  
**Investment:** \$400 for both days. Student registration \$290 for both days (must be student at time of registration). All prices include GST.  
\$380 early bird (before August 1st), \$50 non refundable deposit to secure your seat  
**Reservation:** Registration to be paid by October 6th 2012  
Send registration to: Clinic 88, Kelkiah Apartments, 43/21 Wiseman St, Macquarie, ACT, 2614  
Or Fax 02 6251 9369  
**Other:** PME points available AAMT, AMT  
**Enquiries:** James Barker on (02) 6253 2388, or email [jimmybachilles@yahoo.com.au](mailto:jimmybachilles@yahoo.com.au)  
**Equipment:** A limited number of tables are needed. A \$15 discount applies to those who supply a treatment table

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Please cut/tear off and post cheques to: Clinic 88, Kelkiah apartments, 43/21 Wiseman St, Macquarie, ACT, 2614  
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Name: \_\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: (W) ( \_ \_ ) \_\_\_\_\_ (H) ( \_ \_ ) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Payment by (Please Circle): All cheques/money orders to be made to 'Clinic 88'

**MONEY ORDER    INTERNET TRANSFER    CHEQUE    BANK CHEQUE**

**CREDIT CARD PAYMENT**

Visa / Master Card (please circle)

Number: \_\_\_\_\_

Expiry: \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

Internet Transfer Details:

**Name:** Clinic 88

**Account Number:** 0669 17807

**BSB:** 112 908

**Bank:** St George

**Please complete and send to:** Clinic 88, Kelkiah apartments, 43/21 Wiseman St, Macquarie, ACT, 2614

Fax: (02) 6251 9369

Clinic 88 reserves the right to vary the information contained herein.

