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Skincanceronly

Cutaneous Oncology (referral required)

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FAX CREDIT CARD AUTHORITY

Please fill out the following credit card authority form to pay for a forthcoming 'Skincanceronly' workshop and return by **fax to 03 5243 4323**.

A receipt will then be mailed to you.

Please indicate the workshop you are planning to attend:

- July / August 2010 5 day skin cancer flap / graft workshop
- November 2010 3 day face and ear reconstruction workshop****

(**** This event is only available to those having completed 5 day event)

Date _____ / _____ / _____

Card type: Visa / Mastercard

Name as on card: _____

Card No.: _____ / _____ / _____ / _____

Expiry date.: ____/____ 3 digit CV number on back _____

Amount to be charged: \$ _____

I agree to Skincanceronly charging me as detailed above workshop.

Signature: _____

Name: _____ CME Number _____

Address: _____

Telephone (B): () _____ (F): () _____

Thank you.

Dr. Anthony Dixon