

# Registration Form – Skin Cancer Education 2012

## Your Details:

TITLE..... FAMILY NAME ..... GIVEN NAMES .....

PRACTICE NAME .....

PRACTICE STREET ADDRESS .....

TOWN/SUBURB ..... STATE..... POSTCODE .....

POSTAL ADDRESS (if different to above) .....

TOWN/SUBURB ..... STATE..... POSTCODE .....

PHONE ..... FAX ..... MOBILE .....

EMAIL .....

Medical Practitioners - QI&CPD Number(s): RACGP..... ACRRM.....

Special Dietary Requirements: ..... Member of SCCANZ  Member of ACSCM

## Course Details: (Select the course and date from the options below.)

Course name	Format	Date	Location	Fee \$ (incl GST)	Select <input type="checkbox"/>
<b>Certificate of Skin Cancer Medicine*</b> <i>*Add \$250 to fee if completing optional exam</i>	2 day course	18-19 February	Melbourne	\$1,595*	
		31 March – 1 April	Sydney		
		5-6 May	Perth		
<b>Dermoscopy Workshop</b>	2 day workshop	4-5 February	Brisbane	\$1,600	
		18-19 February	Melbourne		
		31 March – 1 April	Sydney		
5-6 May	Perth				
<b>Skin Cancer Histopathology Workshop</b>	Online over 2 days	28-29 April	Online	\$770	
<b>Diploma of Skin Cancer Medicine*</b> <i>*Add \$500 to fee if completing optional exam</i>	5 day course	15-19 June	Brisbane	\$3,250*	
<b>Advanced Diploma of Skin Cancer Medicine &amp; Surgery*</b>	24 week course	Commencing 20 March	Brisbane & online	\$6,250	

NOTE: Course information quoted above may be subject to change. Terms and conditions regarding payment of course fees are available at [www.sccanz.com](http://www.sccanz.com). Members of ACSCM and SCCANZ are entitled to a discount of \$110 on all course fees.

\* Awarding of a Certificate or Diploma is available only to candidates who successfully complete the assessment component of the respective course.

## Payment: (Select one of the following payment methods.)

1. **CHEQUE or MONEY ORDER** payable to **Australasian College of Skin Cancer Medicine**

2. **DIRECT DEPOSIT** to: **CBA Account Name: ACSCM** **BSB: 064 203** **Account: 1023 8576**

If using this option please quote your surname and initial – EFT transfers without reference details will cause delays in processing of your application.

3. **CREDIT CARD**



CARD NUMBER ...../...../..... EXPIRY ...../..... 3 DIGIT VERIFICATION CODE .....

CARDHOLDER'S NAME (as shown on card) .....

CARDHOLDER'S SIGNATURE ..... DATE ...../...../.....

Return this form to: Mail: PO Box 1604, Sunnybank Hills, Q, 4109 Fax: 07 07 3273 1903 or 3878 2405

**Register today using this form!**

For more information go to [www.skincancercollege.com](http://www.skincancercollege.com) or [www.sccanz.com.au](http://www.sccanz.com.au)

Call 0414 910 355 or 07 3363 1606

Email: [admin@skincancercollege.com](mailto:admin@skincancercollege.com) or [info@sccanz.com.au](mailto:info@sccanz.com.au)

All courses are provided through a collaboration of these not-for-profit organisations:



Australasian College of  
Skin Cancer Medicine



SKIN CANCER COLLEGE OF  
AUSTRALIA AND NEW ZEALAND