

# Trauma Services - Auckland City Hospital



## Definitive Surgical Trauma Care Course

Course No. 064 / 07

### AUCKLAND

Monday 2<sup>nd</sup> & Tuesday 3<sup>rd</sup> March 2009

Name:.....

Address:.....

.....

Telephone: ..... Fax No:.....

Email:.....

Qualified Surgeon

Advanced Surgical Trainee   
(3<sup>rd</sup> & 4<sup>th</sup> Years Only)

Scrub Size:            Small            Medium            Large            X-Large            XXL

Special Dietary Requirements:.....

Registration Fee: \$2,362.50 (inclusive of GST)

Please send registration form and payment to:

DSTC – Royal Australasian College of Surgeons  
PO Box 7451  
Wellington South  
New Zealand

Attention: Justine Peterson

# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

New Zealand National Board  
PO Box 7451, Wellington South  
New Zealand



Phone 4 385-8247 Fax 4 385-8873

**Tax Invoice No**

**GST No. 55-237-778**

**DSTC – Auckland** Course No. 064 / 07  
**March 2009**

*please detach the form below and return it with your payment.*



**Pay to: Royal Australasian College of Surgeons**  
**PO Box 7451**  
**Wellington South**  
Name:

Methods of payment:

❖ *By cheque.*

Please detach this form and return with your cheque made payable in NZ\$ to the Royal Australasian College of Surgeons.

❖ *By credit card.*

Please complete the details below, detach this form and mail it to the College.

Tax Invoice No:

**Amount Enclosed**

**NZ\$.....**

### Credit Card Details

Diners

Bankcard

MasterCard

Visa

**Expiry Date**

Month	Year
-------	------

**Card Holder Name** (Block Letters) \_\_\_\_\_

**Card Number:**

□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□	□
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**Amount Paid:** \_\_\_\_\_

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