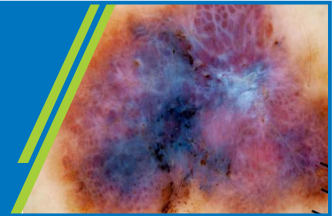


PROFESSIONAL DIPLOMA IN DERMOSCOPY ENROLMENT FORM



Personal details

Name (for certificate):	
Medical practice name:	
Postal address:	
Phone:	Mobile:
Fax:	Email:
Member of: <input type="checkbox"/> RACGP <input type="checkbox"/> ACRRM <input type="checkbox"/> RNZCGP <input type="checkbox"/> Other:	CPD number:
How did you hear about us?	

I wish to register for the following courses

There are three intakes for each course per year and participants can begin their studies in any trimester of the year. Participants may enrol in one, two or all three courses at once. The three courses build upon the knowledge of the previous course and must be completed in sequential order to qualify for the diploma.

2017 | Trimester 3: Program starts on 4 September 2017

- Professional Certificate only
- Advanced Certificate (includes Prof. Certificate)
- Professional Diploma (includes Prof. & Adv. Certificate)

2018 | Trimester 1: Program starts on 8 January 2018

- Professional Certificate only
- Advanced Certificate (includes Prof. Certificate)
- Professional Diploma (includes Prof. & Adv. Certificate)

2018 | Trimester 2: Program starts on 7 May 2018

- Professional Certificate only
- Advanced Certificate (includes Prof. Certificate)
- Professional Diploma (includes Prof. & Adv. Certificate)

2018 | Trimester 3: Program starts on 3 September 2018

- Professional Certificate only
- Advanced Certificate (includes Prof. Certificate)
- Professional Diploma (includes Prof. & Adv. Certificate)

Payment method

Certificate course(s)	Regular Course Fee	Early Bird / Bundle Rate	GP Registrars Rate
Professional Certificate only	\$1795	\$1595	\$1395
Advanced Certificate (includes Professional Certificate)	\$3395	\$3030	\$2790
Professional Diploma (includes Advanced & Professional Certificate)	\$4845	\$4305	\$4185

Direct deposit: Account Name: Event Motion. BSB: 065 115. Account Number: 1036 4562 REF: Your surname (Not available for deferred payment option)

Credit card: Master Card VISA American Express

Name on card:

Card number:

Exp: MONTH / YEAR CVC:

Signature:

Allocations to the above courses are only secured once payment and registration have been processed. All prices are inclusive of GST.

Please return the completed form by fax to 07 3319 6251 or email to admin@healthcert.com