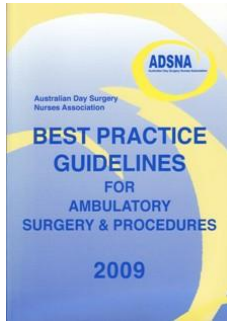


# Australian Day Surgery Nurses Association

(ABN 90990371267- GST Exempt)

## Best Practice Guidelines Order Form

Best Practice Guidelines for Ambulatory Surgery and Procedures 2009	Price		Quantity	\$Amount
	ADSNA Member	Non Member		
		\$125	\$150	



Postage and Handling		
Australia	FREE	
Asia/Pacific region	\$20	
Rest of the world	\$30	

SUBTOTAL

**5% surcharge payable for credit card (apply to subtotal amount)**

**TOTAL**

### Billing details

Surname: ..... First Name: .....

Current ADSNA Member (receives \$25 discount)

Hospital / Day Surgery Unit: .....

Address: .....

City / Suburb: ..... State: .....

Country: ..... Post / Zip code: .....

Email Address: .....

Phone (BH): ..... (AH): .....

### Shipping details (if different to billing details)

Name: .....

Address: .....

City / Suburb: ..... State: .....

Country: ..... Post / Zip code: .....

**See over for Payment Options →**

**PAYMENT OPTIONS**

NB: If you require a tax invoice to be issued prior to payment, please indicate here

❖ **Cheque / Money Order:**

Cheques / Money Orders in \$AUD Payable to: *Australian Day Surgery Nurses Association Inc*

❖ **Electronic Funds Transfer:**

Bank: ANZ  
Account Name: Australian Day Surgery Nurses Association Incorporated  
Branch No. (BSB): 013-471  
Account Number: 1079-51084  
Reference: Your full Billing Name as per previous page (e.g. JohnSmith)

❖ **Credit Card (5% surcharge payable):**

MasterCard  Visa

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ EXPIRY \_\_\_\_\_/\_\_\_\_\_  
*(Please print clearly)*

Name on Card: ..... Amount: .....

Cardholder's signature: ..... Date: .....

***Please return the completed pages together with payment to:***

ADSNA, GPO Box 4862,  
Melbourne, Victoria, 3001, Australia  
**or FAX: 02 9553 9924**

*Guidelines will be issued once payment has cleared. Please allow 4 weeks for delivery.*

*For further information log on to [www.adsna.info](http://www.adsna.info) or email [guidelines@adsna.info](mailto:guidelines@adsna.info)*

<b>OFFICE USE ONLY</b>	Date Paid: _____	Invoice No: _____
Receipt No: _____	Posted: ____/____/____	Cheque Amount \$ _____