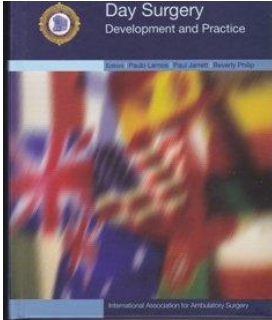


Australian Day Surgery Nurses Association

(ABN 90990371267- GST Exempt)

Day Surgery, Development and Practice, 2006 Order Form

| Day Surgery, Development and Practice, 2006 | Price | | Quantity | \$Amount |
|--|--------------|------------|----------|----------|
| | ADSNA Member | Non Member | | |
| | | \$55 | \$65 | |



| 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 \$10 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**

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

For further information log on to www.adsna.info or email guidelines@adsna.info

| | | |
|------------------------|------------------------|------------------------|
| OFFICE USE ONLY | Date Paid: _____ | Invoice No: _____ |
| Receipt No: _____ | Posted: ____/____/____ | Cheque Amount \$ _____ |