

# Australian Day Surgery Nurses Association

(ABN 90990371267- GST Exempt)



Please return the completed form together with a cheque or mail order in \$AUS or your credit card details, to:

## BOOK ORDER FORM

ADSNA, GPO Box 4862,  
Melbourne, 3001, Victoria, AUSTRALIA

	Price		Quantity	Amount
	ADSNA member price	Non member price		
<b>Day Surgery. Development and Practice, 2006</b> <i>(includes postage and handling in Australia)</i>	\$55	\$65		
			<b>Subtotal</b>	
			<b>Postage and Handling for overseas only</b>	
			Asia/Pacific region	\$20
			Rest of the world.	\$30
			<b>TOTAL</b>	

### PAYMENT OPTIONS

Cheques/Money Orders Payable to Australian Day Surgery Nurses Association Inc.

Mastercard       Visa

----- / ----- / ----- / -----      EXPIRY DATE ----- / -----  
*(Please print clearly)*

Name On Card \_\_\_\_\_ Amount \_\_\_\_\_ (+5% surcharge for credit card only)

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Postage details

*(print clearly)* Surname \_\_\_\_\_ First name \_\_\_\_\_  
Member State (if paying ADSNA member price) \_\_\_\_\_  
Date of last renewal (if paying ADSNA member price) \_\_\_\_\_  
Hospital/Day Surgery Unit \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/Suburb \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Post/Zip code \_\_\_\_\_

### Contact details

Email Address \_\_\_\_\_  
Phone \_\_\_\_\_ (BH) \_\_\_\_\_ (AH)

**NB: A RECEIPT WILL BE ISSUED WHEN YOUR TRANSACTION HAS BEEN PROCESSED**

Guidelines are distributed by ADSNA committee members working in a voluntary capacity. Please allow 4 weeks for process.  
Email [guidelines@adsna.info](mailto:guidelines@adsna.info) if you require further information or log on to [www.adsna.info](http://www.adsna.info) for membership information

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