



IMAGING ONE REGISTRATION FORM

Personal Details

Doctors Name _____

Clinic Name _____

Address _____

State _____ Postcode _____

Phone _____ Mobile _____

Email _____

Seminar Attending - please tick your option below

Melbourne 30 & 31 August –

Crown Casino

Sydney 18 & 19 October –

The Vibe Hotel (North Sydney)

Gold Coast 29 & 30 November –

Gold Coast International

Number Of People Attending _____

Payment Options - please tick your option below

Direct Debit to Vizpacs Bank Account

Bank: NAB
BSB: 083 170
A/c No: 82 133 5529

 Cheque

Please address cheque to P.O. Box 279, Avondale Heights, Vic, 3034

 Paypal

We will email you a secure link where you can process your payment online

Please fax this form on completion to (03) 9337 8113

For more information –

0433 740 653

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