

EMAIL OUT BOOKING FORM

ADVERTISER INFORMATION

TITLE Prof Dr Mr Ms Mrs Miss FAMILY NAME GIVEN NAME
 ORGANISATION/COMPANY POSITION
 PHONE FAX EMAIL
 POSTAL ADDRESS
 SUBURB/TOWN/CITY STATE POSTCODE

Event Name:			
List three (3) sentences about the event (include main topic & content covered)			
Event Date(s): / / & / /			
Time(s):		From:	To:
Venue:		Name:	Address:
Cost:	AACMA Members: \$	Students: \$	Non-Members: \$
Event Contact:		Name:	Phone:
Contact Email:			
Event Website:			
Distribution:			
<input type="checkbox"/> National OR <input type="checkbox"/> State-based <input type="checkbox"/> QLD <input type="checkbox"/> NSW <input type="checkbox"/> SEQ/NENSW <input type="checkbox"/> WA <input type="checkbox"/> NT <input type="checkbox"/> VIC <input type="checkbox"/> ACT <input type="checkbox"/> TAS <input type="checkbox"/> SA <input type="checkbox"/> All members incl. students <input type="checkbox"/> All members excl. students <input type="checkbox"/> Student members only			
CPE Points: I wish to apply for AACMA CPE points for this event. <input type="checkbox"/> YES <input type="checkbox"/> NO			

IMPORTANT INFORMATION

Quote: 1–2 days from submitting form.
 Invoice: 1–2 days from acceptance of quote.
 Proof & Email delivery: Up to 5 days from receipt of payment.

SUBMIT YOUR EMAIL OUT BOOKING FORM BY CLICKING THE 'SUBMIT' BUTTON ABOVE
 Alternatively, save PDF and email to: communications@acupuncture.org.au
 Should you have any enquiries contact: 07 3457 1816.