Associate Professor Anthony J. Dixon
PhD MB BS FACRRM FACSCM 436179A

66 Roslyn Rd, Belmont
Victoria, 3216, Australia

Skin*cancer*only

Phone: (61) 3 5244 5100
Fax: (61) 3 5243 4323
anthony@**skin*cancer*only**.com

FAX CREDIT CARD AUTHORITY

*Please fill out the following credit card authority form to pay for a forthcoming 'Skin*cancer*only' workshop(s) and return* by **fax to 03 5243 4323**.
A receipt will then be mailed to you.

Please indicate the workshop(s) you are planning to attend:

- ☐ 3 day face & ear reconstruction event in November 2011 = $2,250
- ☐ March 31 & April 1, 2012 introduction to skin cancer medicine = $1,500
- ☐ April 28 & 29, 2012 dermoscopy weekend workshop = $900
- ☐ June 16 & 17, 2012 introduction to skin cancer medicine = $1,500
- ☐ July 28 & 29, 2012 dermoscopy weekend workshop = $900
- ☐ September 14 – 18, 2012 5 day skin cancer flap & graft event = $*3,250*
- ☐ *3 day face & ear reconstruction event in November 2012 = $2,250*

- ☐ More than one workshop with 10% discount for each

Card type: Visa / Mastercard

Name as on card: _____

Card No.: _____/_____/_____/_____

Expiry date.: ____/____ 3 digit CV number on back _____

Amount to be charged: $_____

I understand that all workshops are held at our Docklands facility except face & ear event.
I agree to Skin*cancer*only charging me as detailed above workshop.
I understand the Skincanceronly refund policy.

Signature: _____

Name: _____ Date: _____

Address: _____

_____

_____

Telephone (B): (___)_____ (F): (___)_____

Thank you

Dr. Anthony Dixon