

**AUSTRALIAN and NEW ZEALAND**

**SOCIETY OF PHLEBOLOGY**

ABN 49 402 190 501

**EVLT RF and MICROSCLEROTHERAPY**

**WORKSHOP REGISTRATION FORM**

To be held at

Education Block

Westmead Hospital

Hawkesbury Road, Westmead NSW 2145.

19 March 2023

Last Name.....First Name.....

Address.....

City.....State.....Postcode.....

Telephone.....

Email.....

**Registration Fees \$550.00**

**Methods of Payment**

.....Cheque enclosed: All cheques payable to:  
ANZ Society of Phlebology

.....Credit Card-Card Type:

**Mastercard**

**Visa**

Card Number.....

Expiry Date.....

Name as it appears on card.....

Signature.....

Send all payments to: ANZ Society of Phlebology  
PO Box 132  
Cranebrook NSW 2749

For Bank Deposit:

Account Name: Australian and New Zealand Society of Phlebology

Bank: National Australia Bank

BSB: 082:778

Acct Number: 02927 5489

**Enquiries:**

For all enquiries contact Patricia Hood

Tel: (02) 4777 5042 Mob: 0409 838 847

Email: [anzsocietyofphlebology@gmail.com](mailto:anzsocietyofphlebology@gmail.com)