

Diagnostic CT for Molecular Imaging Course

Payment Form

Personal Details

Date

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Name

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Postal address

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Postcode

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Phone Number

.....

email address

.....

Payment

VSNMT Member *(please circle)* **Yes** (fee \$2200.00) **No** (fee \$2750.00)

Cheques and money orders

Please make all cheques and money order payable to the VSNMT Inc.

Please forward to: VSNMT, PO Box 506, Heidelberg 3084 Victoria

Credit cards *(please circle card type)*

Visa

MasterCard

Card number (please write card number clearly to avoid error)

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Amount to be debited: \$

Card expiry date: /

Name on card (please write clearly)

Signature

A receipt will be issued only if requested