



**AUSTRALIAN SELF-MEDICATION INDUSTRY**  
BETTER HEALTH THROUGH RESPONSIBLE SELF-CARE

**ASMI Induction Program  
Registration Form**

Please complete and email to [hamza@asmi.com.au](mailto:hamza@asmi.com.au), fax to (02) 9959  
3693 or post to  
PO Box 764 North Sydney 2059

Company: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Manager/Supervisor *(To be updated of representative progress):*  
\_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

We require  candidates at \$300 (Ex GST) to register for the  
program.

*Please provide candidate names below*

	<b>Name</b>	<b>Title</b>	<b>Email</b>
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*Please use page 3 to add any additional participants.*

**Registration Fee & Payment Options**

**ASMI members \$300 (Excluding GST) per person/ ASMI non-members \$500  
(Excluding GST) per person**

Payment options, please tick the appropriate box

*Bank Transfer:* Australian Self-Medication Industry Inc.  
National Australia Bank  
BSB: 082:204 Account No. 67924 9696  
Transaction receipt No: use your name in the reference field followed  
by "Sales Force Accreditation"

*Cheque:* I enclose a cheque made payable to "Australian Self-Medication Industry Inc."

*Invoice:* Please invoice my organisation making the invoice to the  
attention of:

Purchase Order No:

*Credit Card:* Please charge the credit card detailed below:

**Credit card payments Please circle: Amex, Diners Club, Master Card, Visa, Bank Card**

Credit card number.....

Name on credit card.....

Date of expiry.....

Signature of card owner.....

(Please note that if paying by credit card a processing fee including GST now applies. The fees are as follows:

Visa/Master Card/Bank Card 2.3%, Diners Club 3.32%, Amex 4.28%.)

Cancellations will incur a 30% cancellation fee.

**Please return the form via email, fax or post.**

**Attn: Hamza Khan  
Australian Self-Medication Industry  
PO Box 764  
North Sydney 2059**

**Fax: 02 9959 3693**

**Email: hamza@asmi.com.au**

## Additional Participants

	<b>Name</b>	<b>Title</b>	<b>Email</b>
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