

PAYMENT AUTHORITY	
COST	\$ 5 .00 (inc GST)
TOTAL AMOUNT (Including GST) \$	
Cheque – Please make payable to “ Australian Society of Medical Imaging and Radiation Therapy ” (AUD Dollars Only)	
CREDIT CARD (Please tick):	<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS
EXPIRY DATE	CCV NO. (LAST 3 DIGITS ON BACK OF CARD, OR LAST 4 DIGITS FOR AMEX)
CARDHOLDER'S NAME	
CARDHOLDER'S SIGNATURE	

Cash is not accepted

To submit via post,
Please print and send to
PO Box 16234, Collins Street West, VIC 8007

To submit via email,
or click on File > Send file. The form will then attach in your email
client. Forms can be sent to certification@asmirt.org

To submit via fax,
Please print and fax to 03 9416 0783

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