



ANZCA

AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF ANAESTHETISTS

ABN 82 056 042 852

## Training

# Payment Form

PAY

### 1. PERSONAL INFORMATION

ANZCA ID:

Family Name:

First Name:

Middle Name:

### 2. PAYMENT DETAILS

Payment Amount:

Cheque, Bank Draft or Money Order attached

Credit Card (please tick one)



Credit Card  
Number:



Expiry Date:

Name  
on Card:

Cardholder's  
Signature:

### 3. FELLOWSHIP PROGRAM

Please select the Fellowship Program you are pursuing:

Anaesthesia     Intensive Care\*     Anaesthesia and Intensive Care\*

Anaesthesia and Pain Medicine\*     Undecided

\* You must register separately with the Joint Faculty of Intensive Care Medicine or the Faculty of Pain Medicine.

Send the completed form to the Chief Executive Officer, ANZCA, c/o Training & Assessments Unit, PO Box 6095 St Kilda Road Central, VIC 8008, Australia together with the full amount of the fee.

Cheques or drafts should be made payable to ANZCA and crossed "Not Negotiable".