

Australasian College of Health Service Management
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ALTERNATIVE PATHWAY TO FELLOWSHIP PAYMENT FORM

| | |
|-----------------------|--|
| Name: | |
| Contact Phone Number: | |

| | | | |
|-------------------------------------|---|--|--|
| Credit Card: | <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex | | |
| Credit Card Number: | | | |
| Expiry Date: | | Security Code: (Last 3 digits on the back of their card- 4 Digits for Amex) | |
| Name of Cardholder: (Print Name) | | | |
| Amount | AUD \$425 | | |

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| Email: | |
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*Successful applicants will also receive \$100 discount on the applicable Congress registration.