

## Order Form

Medical Warning Cards and Anaesthesia Event Forms

Name \_\_\_\_\_ ASA Member ID \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Phone Number \_\_\_\_\_

*Note – all items include GST & postage*

**Please circle your preferred quantity.**

### Member Rate

Quantity	Cards only	Forms only	Combination (Cards & Forms)	Total \$
100			<i>100 cards &amp; 100 forms \$65</i>	
500	\$80	\$180	<i>500 cards &amp; 500 forms \$235</i>	
1000	\$110	\$345	<i>1000 cards &amp; 1000 forms \$420</i>	

### Non Member Rate

Quantity	Cards only	Forms only	Combination (Cards & Forms)	Total \$
100			<i>100 cards &amp; 100 forms \$75</i>	
500	\$90	\$200	<i>500 cards &amp; 500 forms \$260</i>	
1000	\$125	\$380	<i>1000 cards &amp; 1000 forms \$465</i>	

Please enclose a cheque / money order / bank draft made payable to Australian Society of Anaesthetists OR

Please charge my credit card :

Card Type    Visa       Mastercard       Amex       Diners  

*Please note there is an additional 3% service charge on all Amex and Diners transactions*

Card Holder's Name \_\_\_\_\_

Card Number    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Expiry Date    \_\_ / \_\_

Signature \_\_\_\_\_

**Please return the above order form to the Australian Society of Anaesthetists**

t 02 9327 4022 or 1800 806 654 (Toll Free) | f 02 9327 7666 | asa@fed.asa.org.au|

PO Box 600, Edgecliff NSW 2027 | ABN 16 095 377 370

Thank you for placing this order.

www.asa.org.au