



PREPAID REGISTRATION ORDER FORM

Locked Bag 4317, Sydney Olympic Park NSW 2127
 Ph: 02 9704 1450 Fax: 02 9704 1006
 email: help@aar.org.au web: aar.org.au

Number of Forms Required <small>(please circle)</small>	20	50	100	Other
Cost \$15 per registration	\$300	\$750	\$1425 <small>(Inc 5% disc)</small>	
User ID				
Clinic Name				
Credit Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard			
Credit Card Number	_____ / _____ / _____ / _____			
Expiry Date	_____ / _____	CCV	_____	

Email Order Form to help@aar.org.au or fax to 02 9704 1006
Please allow approximately 7 days for processing and delivery

Please note forms are posted as outlined below:

- Express post:**
- \$7 orders up to 30 forms
 - \$8 orders 31–80 forms
 - \$15 orders 81-100 forms

For orders over 100 forms, postage price to be confirmed

Conditions of use of prepaid registration forms:

- Forms will be specifically marked prepaid and are inclusive of registration
- Forms should be treated like money and **will not** be replaced if damaged or stolen
- Photocopied or Faxed forms **will not** be accepted or processed
- Only signed original forms will be processed
- No refund on unused forms