

THE NSW doctor

THE OFFICIAL PUBLICATION OF THE AUSTRALIAN MEDICAL ASSOCIATION (NSW)



Advertising booking form



Name _____ Date _____

Position _____

Organisation _____

Address _____

Phone _____ Email _____

Issue: Jan/Feb Mar/April May/June July/Aug Sept/Oct Nov/Dec

Advertisement booked (provide details) Display Classified Advertisement Total _____ (including GST)

I enclose a cheque for the amount of \$ _____ (including GST) for advertising in the AMA (NSW) magazine, *The NSW Doctor*

I'd like to pay by Electronic funds transfer (EFT) for the amount of \$ _____ (including GST)

Electronic funds transfer (EFT)

BSB: 062 000

ACCOUNT NO: 10111931

ACCOUNT NAME: AMA (NSW) LTD

BANK: CBA

* Please quote your Company Name as reference detail for EFT payment.

Please return to Andrea Cornish via email andrea.cornish@amansw.com.au or send to

Australian Medical Association (NSW) Limited

PO Box 121 St Leonards NSW 1590

p 02 9439 8822 f 02 9438 3760 enquiries@amansw.com.au

ABN: 81 000 001 614 (A tax invoice/receipt will be provided upon the receipt of the full payment)