



Advertising booking form 2023







Name			Da	Date			
Position							
Organisation							
Address							
Phone		Email					
		☐ May/June Print & Digital					
Advertisement booked	l (provide details) 🛭 [Display Classified	Advertisement Total			(including GST)	
☐ I enclose a cheque	for the amount of \$	(in	cluding GST) for adv	ertising in the AMA (N	SW) magazine, <i>The N</i> S	SW Doctor	
☐ I'd like to pay by Ele	ectronic funds transfer (l	EFT) for the amount of \$		(including GS	5T)		
Electronic funds tra BSB: 062 000 ACCOUNT NO: 10 ACCOUNT NAME: BANK: CBA	111931						
* Please quote vou	r Company Name as ref	erence detail for EFT payn	nent.				

Please return to Julia Arellano at Julia. Arellano @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)