

THE NSW doctor

THE OFFICIAL PUBLICATION OF THE AUSTRALIAN MEDICAL ASSOCIATION (NSW)



Advertising booking form 2024



Name: _____ Date: _____

Position: _____

Organisation: _____

Address: _____

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Issue: 1st Quarter Print 2nd Quarter Print 3rd Quarter Print 4th Quarter Print

Details: _____

Advertisement Total _____ (including GST)

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 Ally Chandler at ally.chandler@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)