



Certificate of Procedural Phlebology
(Cert. P. Phleb.)

INTRODUCTORY COURSE REGISTRATION FORM and Payment

Please return by *email*: paul.weaver@xtra.co.nz or *fax*: 64 6 871 0828

With a copy of your Curriculum Vitae Please.

Surname.....

First / Middle Names...../.....

Date of Birth (DD/MM/YYYY)..... /...../.....

Medical Registration Board / Number...../.....

Member of ASCM.....Yes/No (Delete as appropriate)

Fellowship Details.....

Mailing Address.....

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.....

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Telephone No

Mobile No.

Email

Please enrol me in the Introductory Course (Procedural Phlebology) and debit my CREDIT

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