



ROYAL AUSTRALASIAN COLLEGE OF DENTAL SURGEONS INC.

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CONVOCAATION PHOTOGRAPH ORDER FORM

Photograph Type	Cost (overseas residents)	Cost (Australian residents) <i>includes GST</i>	Photograph number	Quantity	TOTAL
5 x 7 colour photograph print	\$30	\$33			
Photograph jpeg on CD ROM	\$20	\$22			
Photograph jpeg e- mailed	\$10	\$11			
				TOTAL	

This document will be a tax invoice for GST when you make a payment

NAME: _____

ADDRESS FOR ORDER TO BE SENT TO: _____

E-MAIL ADDRESS _____

<input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> BANK DRAFT <small>made payable to the 'Royal Australasian College of Dental Surgeons' must be made in Australian Dollars drawn on an Australian Bank</small>	<p>CREDIT CARD PAYMENT</p> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Card Holder: _____ Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> Payment Amount: AUD \$ _____ Signature: _____
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Prices are subject to change without notice.