

THE NSW doctor

THE OFFICIAL PUBLICATION OF THE AUSTRALIAN MEDICAL ASSOCIATION (NSW)

advertising form



name _____ date _____

position _____

organisation _____

address _____

phone _____ email _____

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

OR please debit my visa card mastercard other _____ card number above
in the sum of \$ _____

signature _____ cardholder's name _____

expiry date _____

Please return to Narelle Cameron via email Narelle@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 (This becomes a tax invoice once payment is processed)