

PRACTICE ADVANTAGE

2019 Annual Subscription

2019 Annual Subscription *(Special Offer for 2018 Subscribers only)*

\$990 per practice

\$880 per practice

Practice Name: _____ Practice Advantage ID: _____
(if applicable)

Practice street address: _____
(Annual subscription is for one location only - surcharges for multiple practice locations and staff members apply)

Practice postal address: _____

Practice phone: _____ Practice fax: _____

Please list all Practice owner/s: _____

ADAQ Member Practice Owner:

Title: Dr First Name: _____ Last Name: _____

ADAQ Member Number: _____ Email address: _____
(NB: this email address must be the ADAQ Member's direct contact email)

Dietary Requirements: _____
(not food preferences - only include if strict dietary requirement and a separate meal will be ordered - surcharge may apply)

Nominated Practice Manager:

Title: _____ First Name: _____ Last Name: _____

Dietary Requirements: _____
(not food preferences - only include if strict dietary requirement and a separate meal will be ordered - surcharge may apply)

Practice Manager Email address: _____
(NB: this email address must be DIFFERENT to the ADAQ Member email)

Declaration:

I hereby declare that the information provided is true and correct and that I have read and understood the Practice Advantage Terms & Conditions and Refund Policy available at: www.adaq.com.au/legals#practice_adv
The aforementioned ADAQ Member authorises the nominated Practice Manager named above to subscribe to Practice Advantage in 2018.

Signature: _____ Date: _____

Payment Options:

Total Amount: _____

Option 1 – Direct Debit to ADAQ Union of Employers – BSB: 084 004, AC: 585 087 884
(ADAQ Member Number as reference for payment and remittance must be emailed to pracman@adaq.com.au)

Option 2 – Credit Card Payment VISA MASTERCARD AMEX

Name as it appears on the credit card: _____

Card number: _____ Expiry date: _____

Card holder's signature: _____

www.adaq.com.au/practice pracman@adaq.com.au phone: 07 3252 9866 fax: 07 3252 4488

OFFICE USE ONLY: Received: _____ Paid: _____ Confirmation: _____
Database: _____ Portal/Website: _____ ID: _____

ADAQ

