



THE
AUSTRALIAN
PAIN SOCIETY

ORDER FORM

Residential Aged Care Pain Management Guidelines, 2005

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____

Quantity: _____ @ \$25.00 each

Cost: _____ + postage & handling fee: \$5.00 Total Cost \$ _____ incl GST

Please contact the APS Secretariat for multiple copy orders, as increased postage charges will apply

PAYMENT DETAILS

Credit Card Type: _____ (VISA/MasterCard only) Expiry: ____/____

Credit Card Number: _____

Name on Card: _____ Signature: _____

OR

CHEQUES can be made payable to **The Australian Pain Society** and posted to:

APS Secretariat

c/- DC Conferences

PO Box 637

North Sydney NSW 2059

Payment will be processed with the APS Secretariat.
GUIDELINES WILL ONLY BE SENT ONCE PAYMENT IS RECEIVED
The guidelines will be sent to the mailing address given above.
ORDER FORMS CAN BE FAXED TO THE APS SECRETARIAT (DC Conferences)
FAX: 02 9954 0666 / PHONE: 02 9016 4343
EMAIL: aps@apsoc.org.au