



COLLEGE OF INTENSIVE CARE MEDICINE OF AUSTRALIA AND NEW ZEALAND

Non Fellow CPD Application

Full Name: _____

Address: _____

Email: _____

Mobile: _____

- Cheque – please make payable to “College of Intensive Care Medicine”.
- Credit Card – please complete details below



MasterCard



Visa

Credit Card Number:

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CVV Number:

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The Card Verification Value (CVV*) is an extra code printed on your debit or credit card. CVV for Visa and MasterCard is the final three digits of the number printed on the signature strip on the back of your card.

Expiry Date: _____ / _____

Name on Card: _____

Signature: _____

Amount: **\$1188.00**