

**2022 In-Training Formative Exam REGISTRATION FORM**

****

1. **PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name |  | | Surname | |  | | |
| Mobile |  | | Date of Birth | |  | | |
| Email |  | | | | | | |
| **Are you a Member of CSANZ?** | | | Yes | | ❒ | No | ❒ |

1. **TRAINING INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Hospital |  | Year of Advanced Training in 2022  (ie 1, 2 or 3) |  |

**3. EXAM DATE**

❑ Tuesday, 18 October, 2022 ❑ Wednesday, 19 October, 2022

I hereby agree for my details to be provided to the American College of Cardiology for the purposes of enrolling me in the 2022 In-training Exam and in the ACC Fellows-In-Training program.

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee  Signature |  | Date |  |

**Registration Fees: CSANZ Members: AUD $595 Non-Members: AUD $650**

**Supervisor**

I certify that I am the Training Supervisor of the above-mentioned Advanced Trainee in Cardiology who is enrolled in an advanced training program at my hospital.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Email |  |
| Signature |  | Date |  |

**Head of Department**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Email |  |
| Signature |  | Date |  |

This form should be scanned and emailed to: [info@csanz.edu.au](mailto:info@csanz.edu.au)

**Closing date for registrations: Friday, 2 September, 2022**

2022 ACC In-training Exam  
Registration Fee Payment

Tax Invoice

ABN 23 003 635 505

SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REGISTRATION FEE: AUD $595 CSANZ Members

AUD $650 Non-Members

**CREDIT CARD PAYMENTS**

Please debit ❑ Visa ❑ Mastercard

for payment in the amount of AUD$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EFT PAYMENT**

**Bank details for direct bank transfers:**

Account Name: Cardiac Society of Australia and New Zealand

Bank: ANZ

BSB: 012-019

Account: 218133658

SWIFT: ANZBAU3M

Please quote your surname as the reference.

Cardiac Society of Australia and New Zealand

Suite 4, Level 12, 189 Kent Street, Sydney NSW 2000, Australia