

AUSTRALIAN MEDICINES HANDBOOK

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Please complete all sections

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PHARMACY STUDENT ☐ MEDICAL STUDENT ☐ NURSING STUDENT ☐ DENTISTRY STUDENT ☐ PODIATRY STUDENT ☐

OTHER _____
(Please specify)

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Full payment (Cheque/Money Order/Credit Card Details) MUST be included with Order

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CREDIT CARD DETAILS				
VISA	MASTERCARD	AMEX	EFT	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<small>(Invoice will be forwarded with bank details enclosed. Use invoice number as reference when paying.)</small>	
NUMBER				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME ON CARD				
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