

**Australasian Chapter of Sexual Health Medicine**

**PART I EXAMINATION 2005**

**Application Form**

I am a financial Trainee of the Chapter in year.....(insert number) of my training and wish to apply to sit the Chapter Part I exam on **Wednesday, 25th May 2005**.

The examination fee is

Paper 1 only	\$400.00	<input type="checkbox"/>
Paper 2 only	\$400.00	<input type="checkbox"/>
Papers 1 & 2	\$600.00	<input type="checkbox"/>

Payment may be made by bank draft/cheque or credit card (Bankcard, Visa or Mastercard). Please complete section below.

- Please charge my credit card
- I enclose cheque/bank draft (made payable to The Australasian Chapter of Sexual Health Medicine)

**Bankcard**     **Mastercard**     **Visa**

**Card Number:**

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

**Signature:** \_\_\_\_\_      **Expiry Date:** \_\_\_\_\_

I understand that if I am found eligible to sit the exam this money is not refundable.  
I accept that decisions of the Examinations Committee are final.

Name ..... Signature .....

Comments .....

Please return by **3rd April 2005** to:

Australasian Chapter of Sexual Health Medicine  
Sydney Sexual Health Centre , Sydney Hospital  
GP O Box 1614  
Sydney NSW 2001