

ACO-CKE

GLAUCOMA Clinical Knowledge Evaluation

PERSONAL DETAILS (as registered with AHPRA/ODOB)

TITLE	GIVEN NAMES	FAMILY NAME		
PREFERRED NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
POSTAL ADDRESS				
TOWN/SUBURB	STATE	COUNTRY	POSTCODE	
PHONE	MOBILE			
EMAIL				
<input type="checkbox"/> I am registered to practice optometry in Australia/New Zealand				
My AHPRA/ODOB number is:		My OA number is:		

ACO MEMBER

I am a member of the ACO Yes No I wish to join now and attach my membership application

COURSE FEE DETAILS

	AUSTRALIA AU\$	NEW ZEALAND/ ELSEWHERE OS
<input type="checkbox"/> MEMBER	\$55 (INC GST)	\$50
<input type="checkbox"/> NON-MEMBER	\$110 (INC GST)	\$100

Please select one of the following payment options:

- OPTION A: Charge my credit card
 OPTION B: Direct deposit to Australian College of Optometry bank account

OPTION A: Credit Card

CHARGE THE FOLLOWING CREDIT CARD WITH MY ASSESSMENT FEE VISA MASTERCARD

CARD NUMBER CVV EXPIRY /

NAME ON CARD SIGNATURE DATE / /

OPTION B: Direct deposit to Australian College of Optometry

Account Name: Australian College of Optometry
 Bank: NAB
 BSB Number: 083-170
 Account Number: 95-782-4874
 Bank Address: 288 Lygon St Carlton

NB: A remittance advice to be emailed to the College (accounts@aco.org.au and cpd@aco.org.au) within 24 hours of payment. Remittance to quote your First name & Surname, SEAPG, payment amount.

HOW TO LODGE YOUR APPLICATION

Email your completed application form including payment details to:
 Education Division, Australian College of Optometry, 374 Cardigan Street, Carlton VIC 3053

 + 61 3 9349 7477
  cpd@aco.org.au
  www.aco.org.au