



DENTAL PATIENT SURVEYS

Application Form

Please complete the fields below and return this registration form to CFEP Surveys

Mail: CFEP, P.O. Box 588
EVERTON PARK QLD 4053

Phone: 07 3855 2093

Fax: 07 3355 7047

Email: info@cfepsurveys.com.au

CONTACT NAME: <small>(Dr/Mr/Mrs/Ms/Miss)</small>			
ADPA MEMBER NAME:			
ADPA MEMBERSHIP NUMBER:			
ORGANISATION NAME:			
MAILING ADDRESS:		Postcode:	
CONTACT TEL. No.		Email Address:	

Payment has been made for the amount of \$310.00 (GST included) by the following method:

- Bank Transfer:** Focused Evaluations Program Pty Ltd; BSB – 064110; Acc.No.: 10276795
For reference please provide the Organisation Name as written above.
- Cheque** made payable to: 'Client-Focused Evaluations Program' or CFEP'
- Credit Card:** (please note a **Bank Service Fee of 3%** will be added to all Credit Card transactions)
Mastercard Visa

Please debit my account. My account details are as follows:

Card no: _____ / _____ / _____ / _____ Expiry date: ____ / ____

Name on card: _____ Merchant Service Fee: 3%

SIGNATURE: _____ DATE: _____

Please note that your Survey pack will include **printed questionnaires, envelopes, guidelines for staff, ballot box** and a **self-addressed envelope** to return surveys once completed.

WORK TOWARDS POSITIVE CHANGE