

# Medical Directory of Australia

## Subscription Order Form

**Subscription details** - please select the subscription required

Subscription Type	<input type="checkbox"/> Single-user	<input type="checkbox"/> Multi-user: please enter number of users	<input type="text"/>
Subscription Length	<input type="checkbox"/> 1 year	<input type="checkbox"/> 2 year	<input type="checkbox"/> 3 year
Order Number <i>(if applicable)</i>			

### Account details

Subscriber Name	
Practice/Company Name	
Address Line 1	
Address Line 2	
City	
State	
Postcode	
Country	
Contact Name	
Contact Telephone	
Contact Fax	
Contact Email	

### Invoicing details (if different from above)

Contact Name	
Contact Address Line 1	
Contact Address Line 2	
City	
State	
Postcode	
Country	
Contact Telephone	
Contact Fax	
Contact Email	

**Login & Contact details** - the person who will be administering the subscription.

Administrator Name	
Email address (this will be the username)	
Preferred password	

**Terms and conditions**

Click [here](#) to view the full Terms and Conditions for Single-user and Multi user subscriptions.

**Authorisation**

I / we \_\_\_\_\_ have read and agree with the Terms and Conditions of use.

Signed: \_\_\_\_\_ Organisation: \_\_\_\_\_ Date: \_\_\_\_\_

Simply fill in your credit card details below:

Price \$ \_\_\_\_\_

Type of Card:  VISA  MasterCard  Amex  Diners Club  Other

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

Card Number:

Security Code:    (the 3 digits after the card number on the signature panel of your card)

Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Are you an AMA Member?  Yes  No (current AMA members receive a 10% discount)

**Please return your completed form to the Subscriptions Department via:**

**Fax:** (+612) 9562 6600

**Email:** [subscriptions@mda.com.au](mailto:subscriptions@mda.com.au)

**Post:** AMPCo, Locked Bag 3030 Strawberry Hills NSW, 2012, Australia.