



AMA Victoria's Doctors in Training subdivision PRESENT

MYTHBUSTERS

Date:
Tuesday 1 June 2010

Registration:
6.30pm

Time:
7.00pm-8.30pm

Venue:
**AMA Victoria House,
293 Royal Parade, Parkville**

Register:
RSVP Tuesday 25 May
ONLINE [www.amavic.com.au/
mythbusters](http://www.amavic.com.au/mythbusters)
PHONE (03) 9280 8722
EMAIL reception@amavic.com.au
FAX (03) 9280 8786
MAIL PO Box 21 Parkville 3052

Internship - perceptions and balance

- How to choose a hospital?
- What to put in a cover letter?
- What to expect during the interview process?
- What should I expect from internship?

This **CLOSED DOOR** panel Question & Answer session for interns provides the opportunity for frank discussion and the ability to ask the tough questions of our panel in confidence.

Our panel of junior doctors have conquered the application process and now work as interns, residents or registrars. They will share their lessons learnt and reveal their secret tips. All your questions will be answered and all your issues discussed openly and honestly.

The panel members will only include junior doctors.

Take advantage of this opportunity – the Doctors in Training subdivision are here to assist you! This event has been extremely popular in the past, so be sure to RSVP

FREE for AMA Victoria members.
\$55 non members

REGISTRATION FORM/
TAX INVOICE 2010

This form becomes a tax invoice on payment.
Please keep a copy for your records.
ABN 43 064 447 678

This registration form may be photocopied for multiple use.
Please complete a separate form for each participant.

- Register me for Mythbusters on **Tuesday 1 June 2010**
- I am not a member of AMA Victoria, please find my registration and payment details below

AMA VICTORIA MEMBERSHIP NO. (IF KNOWN) _____

ATTENDEE'S TITLE FIRST NAME _____

SURNAME YEAR OF STUDY: _____

UNIVERSITY _____

ADDRESS _____

POSTCODE _____

DATE OF BIRTH TELEPHONE _____

MOBILE _____

EMAIL _____

SPECIAL DIETARY REQUIREMENTS _____

NON MEMBERS PAYMENT

\$55 NON MEMBER (price includes GST)

CHEQUE Payable to AMA Victoria c/o AMA Victoria, PO Box 21 Parkville, 3052.

CREDIT CARD Amex MasterCard Visa

CARD NO

TOTAL PAYMENT \$ _____

EXPIRY DATE _____

CARDHOLDER'S NAME _____

CARDHOLDER'S SIGNATURE _____