



First Name: _____ Surname: _____

Date of Birth: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Home phone: _____

Work Phone: _____

Mobile Phone: _____

Email address: _____

I am interested in participating in the ASMI OBSTETRIC TRAINING PROGRAM as a patient model.

I am currently _____ weeks pregnant on _____ (today's date).

My due date is: _____

I have/have not undergone ultrasound scan(s) for this pregnancy.

Signature: _____ Date: _____

Please return this completed form to the ASMI office:

Mail: PO Box 2027 Westfield
Hornsby NSW 1635

Fax: (02) 9987 2479

Following receipt of your registration ASMI will contact you to conduct a short phone interview.
If you have any questions please do not hesitate to contact the ASMI office on 9482 8711.