



FACSIMILE

TO: MABEL Survey Manager

ORGANISATION: Melbourne Institute of Applied Economic and Social Research

FAX NO: 03/ 8344 2111

DATE:

SUBJECT: **MABEL Survey Request for replacement survey or different doctor-type survey from the one received**

PAGES: 1

MABEL Username id:

(Please ensure you provide username id or else we cannot process your request)

Name: (Provide **ONLY** if you cannot locate your username id)

Please mail me a MABEL survey for the type of doctor specified below:

- General Practitioner & GP Registrar
- Specialist
- Hospital Doctor Not Enrolled in a Specialty Training Program (Interns & Medical Officers)
- Doctor Enrolled in a Specialty Training Program (Specialist Registrar)

Change of mailing address: (**Only** if different from your current mailing address held by AMPCo).

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Change-of-address and doctor-type information supplied above will be forwarded to the Australasian Medical Publishing Company (AMPCo). You can also contact AMPCo directly to notify them of a change of contact details: Tel. 02 9562 6666 or www.ampco.com.au.