



THE UNIVERSITY OF  
MELBOURNE

# FACSIMILE

TO MABEL Survey Manager

ORGANISATION Melbourne Institute of Applied Economic and Social Research

FAX 03/ 8344 2111

DATE

SUBJECT MABEL Survey request

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FROM

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)

Name: .....

Address: .....

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MABEL User ID: .....

