

## 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; and/or
- Address-change notification

**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
- **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.ampc.com.au](http://www.ampc.com.au).