



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

PAGES 1

FROM

MABEL User 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)

Name:

.....

Address:

.....

.....

.....

.....

.....