



# 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 Username id:** .....

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

**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: (**Only** if you cannot locate your username id).....

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

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Alternatively you can contact AMPCo directly to notify of change of mailing address or other contact details:  
 Australasian Medical Publishing Company (AMPCo) Tel: 02 9562 6666 or: [www.ampcocom.au](http://www.ampcocom.au)