

TASMANIA CHAPTER CLINICAL SUPPER



Date: *Thursday 10 September 2009*
Time: *1930 – 2100*
Presenter: *Dr. Nadine Sharples B. Med Sci MBBS (Hons).*
Advanced Trainee in General Paediatrics and Paediatric Emergency Medicine
Topic: *“A Quite Night In – Paediatric Sedation”*
Venue: *Education Room , Level 2 LGH*
Cost: *members no cost / \$10 non members*
Supper: *Wine & Nibbles Provided*
RSVP: *Monday 7 September 2009*
Enquiries: *Rosie MacLeavy rosiemacleavy@iprimus.com.au or 0400 827 238*

Non Members please complete this form and return to:
Fax: 07 3319 6094 Email: info@accypn.org.au or Post: ACCYPN PO Box 7112, Canberra BC, ACT, 2610

PERSONAL INFORMATION (please use CAPITAL letters and print clearly)

Title Surname First Name

Postal Address Work Home

Suburb State Postcode

Contact Phone Work Home Email

Registration

REGISTRATION Members RSVP to andrea.plummer@dhhs.tas.gov.au

Non Member \$10.00 complete and return this form

PAYMENT DETAILS You will receive confirmation registration and a receipt for payment (to claim against personal tax).

I wish to pay Member \$0.00 Non Member \$10.00 via the following method:

CHEQUE / MONEY ORDER - made payable to Australian College of Children and Young People's Nurses

DIRECT DEPOSIT (Please fax or email a remittance. Please include your Surname as a Payment Reference when depositing)

A/C NAME: Australian College of Children and Young People's Nurses Bank: Westpac BSB: 034-054 A/C # 235695

CREDIT CARD Visa Mastercard PAID ONLINE VIA THE ACCYPN MEMBERSHIP CREDIT CARD PAYMENT FACILITY

Card Number: / / / Expiry Date: /

Cardholders Name: Signature:

E. TERMS & CONDITIONS

Cancellation after registration will incur a cancellation fee equal to the registration fee.