



**WA Chapter**

## **CLINICAL SUPPER**

# **“Valentine’s day”**

***Sexual Health of children and  
adolescents***

**Presented by  
Clinical Nurse Specialist Youth / Sexual Health  
Child and Adolescent Community Health**

5.00pm, Tuesday 14<sup>th</sup> February 2012

Megazone Theatre

Princess Margaret Hospital for Children

(enter through the main entry and take the lifts to level 7)

Pizza and refreshment will be served

All welcome

Members Free

Non-Members \$5

Registration RSVP: 9 Feb 2012 (Online or Fax Back Form)

# WA Chapter CLINICAL SUPPER



**Date:** 14<sup>th</sup> February 2012  
**Time:** 5.00 – 6.30pm (1CPD hour)  
**Presenter:** CNS Youth/Sexual Health  
 Child and Adolescent Community Health  
**Topic:** Sexual Health of children and adolescents  
**Venue:** Megazone  
 Level 7, Princess Margaret Hospital  
**Cost:** members free / \$5.00 non members  
**Supper:** Pizza and light refreshments  
**RSVP:** 9 Feb 2012

Please complete this form and return to:  
 Fax: 07 3319 6094 Email: [info@accypn.org.au](mailto: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 <input type="checkbox"/> Work <input type="checkbox"/> Home		
Suburb	State	Postcode
Contact Phone <input type="checkbox"/> Work <input type="checkbox"/> Home	Mobile	
Email	Special Dietary Requirements	

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

I WISH TO PAY REGISTRATION  Member \$ (insert amount)  Non Member \$ (insert amount) 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.