

TASMANIA CHAPTER CLINICAL SUPPER



Date: *Wednesday 8 July 2009*
Time: *7.00 – 9.30pm*
Presenter: *Michelle Williams & Fiona Wag*
Topic: *Caring for & Supporting an Adolescent with an Eating Disorder*
Venue: *Seminar Room 2, Education Building
Royal Hobart Hospital*
Cost: *members no cost / \$10 non members*
Supper: *Supper Provided*
RSVP: *Friday 3 July 2009 to Andrea Plummer
andrea.plummer@dhhs.tas.gov.au or (03) 6222 8409*

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:

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

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

Card Number: / / / Expiry Date: /

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E. TERMS & CONDITIONS

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