

Integrated Care in Youth AOD

Registration & Tax Invoice

NSW Youth Drug and Alcohol Services Network

Date: Tuesday 4th December, 2018
Time: 8.30am – 4.30pm
Venue: UTS – Aerial Function Centre
 UTS Building 10
 Level 7, 235 Jones Street
 Ultimo NSW 2007
Registration payments due by
30th November 2018

To confirm your attendance and pay the registration fee complete this form and return with payment to:

CICADA Centre NSW, Children's Hospital at Westmead (SCHN)
Fax: (02) 9845 2446
Email: SCHN-CICADA@health.nsw.gov.au
Mail: Locked Bag 4001
 WESTMEAD NSW 2145

1 Personal details

Mr Mrs Ms Dr Other (please specify):

First Name: Last Name:

Postal Address:

State: Post Code:

Facility: Position Title:

Phone: () Email:

LHD/Organisation:

How did you hear about this event?

2 Registration fee

Register before 30th November 2018

Full registration \$150
 NSW Youth AOD Network \$100

3 Additional registration information (optional)

Please indicate whether you have any specific requirements including access, dietary etc.

4 Payment

1. Cheque (Make all Cheques payable to "The Children's Hospital at Westmead") or
 2. Credit Card: (please tick) Visa MasterCard

Card Number: _____ / _____ / _____ / _____

Card Holders Name: Card Holders Signature:

Card Expiry Date: ____ / ____ Total amount \$

www.cicadansw.org.au

5. Terms and Conditions • This Document becomes a tax invoice/receipt for GST purposes upon completion of payment. • Separate receipts will not be issued – please keep a copy for your records. • All fees quoted in Australian dollars. • Confirmation: Ensure your contact details are correct so that your booking can be confirmed • Substitution/Delegation: transfer/delegation of registration to another person is allowed following confirmation with education day organisers • Cancellation: No refund or cancellations will be accepted on or after 30th November 2018. • Privacy: Your privacy is respected. Personal information you supply on this form will only be used by The Children's Hospital at Westmead to process your registration and to inform you of future similar events. I **do not** wish to be contacted by The NSW Children's Healthcare Network about future similar events