

# Demystify FASD in Children & Adolescents 2018

## Registration & Tax Invoice

**Date:** Monday 13<sup>th</sup> August, 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**  
**6<sup>th</sup> August 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](mailto: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

Early bird before 13 July 2018	Late bird from 13 <sup>th</sup> July to 6 <sup>th</sup> August 2018
Full registration <input type="checkbox"/> \$200	Full registration <input type="checkbox"/> \$230
NSW Health employees <input type="checkbox"/> \$150	NSW Health employees <input type="checkbox"/> \$175
Full time students <input type="checkbox"/> \$100	Full time students <input type="checkbox"/> \$120

### 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](http://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 28<sup>th</sup> February 2017. • 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