

Queensland CHAPTER EVENT



Date: Friday 8 April 2011
Time: 12.30pm - 4.00pm finish (3 CPD Hours)
Seminar: *Clinical Forum – Adolescent Health Issues*

Kindly Supported by Golden Casket



Presenters: *Clinical Professor David Bennett AO MBBS FRACP FSAHM, University of Sydney and The Children's Hospital Westmead*

Brett McDermott, Executive Director, Mater Child and Youth Mental Health Service, Kids In Mind Management Unit, Mater Health Services

Venues: *Face to Face or Video Conference Options (details below)*

REGISTRATION DETAILS / VENUES

How to Register:

ACCYPN Members: *Members will be emailed a personalised registration link or can use the fax back form*
Non Members: *Register online (www.accypn.org.au/chapters/chapters/queensland) or use the fax back form*

Face to Face Venue:

Venue: *Royal Children's Hospital, Auditorium 5th Floor Woolworths Building, Herston Road, Herston (Parking at RCH Car Park at own expense – Check the Chapter Event website for more detail)*
Cost: *Early Bird – ACCYPN members \$40 / Non members \$65 (register & pay by Friday 11 March 2011)
Late ACCYPN – ACCYPN members \$50 / Non members \$75 (register & pay after Friday 11 March 2011)*
RSVP: *Monday 4 April 2011*
Catering: *Lunch and afternoon tea provided*

Video Conference:

Dial In: *Dial in details will be provided via email by Monday 4 April (following receipt of registration and accompanying payment)*
Cost: *ACCYPN members \$15 / Non members \$20*
RSVP: *Friday 1 April 2011 (Video conference to be registered and paid for by this date to ensure bridge available)*
Note: *There are only 20 Queensland Health Sites and 10 Non-Queensland Health sites available
Every participant at each site must register to ensure they receive a Certificate of Attendance (CPD points)*

PROGRAM

12.30pm – 2.00pm

“Advancing the health of young people: New challenges in research, professional development and advocacy”
Clinical Professor David Bennett AO MBBS FRACP FSAHM, University of Sydney and The Children's Hospital at Westmead

2.30pm – 4.00pm

“Disaster, Adolescents and the Queensland Emotional Health Response”
Brett McDermott, Executive Director, Mater Child and Youth Mental Health Service, Kids In Mind Management Unit, Mater Health Services

MORE PRESENTATION OVERVIEW DETAILS AVAILABLE: www.accypn.org.au/chapters/chapters/queensland

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REGISTRATION FORM *Clinical Forum – Adolescent Health Issues*

Friday 8 April 2011

12:30pm – 4:00pm

(3 CPD Hours)

ATTENDANCE OPTIONS:

- *Face to Face - Royal Children's Hospital, Auditorium, 5th Floor Woolworths Building, Herston Road, Herston*
- *Video Conference*

Please complete this form and return to: Fax: 07 3319 6094 Email: info@accypn.org.au

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	

REGISTRATION DETAILS

- **Face to Face Registration** (Registration cut off date Monday 4 April):

Early Bird (register and pay by 11 March 2011) ACCYPN Member \$ 40.00 NON-Member \$ 65.00

Late (register and pay after 11 March 2011) ACCYPN Member \$ 50.00 NON-Member \$ 75.00

- **Video Conference Registration** (Registration cut off date Friday 1 April):

(dial in details will be provided by Monday 4 April following receipt of registration & accompanying payment)

ACCYPN Member \$ 15.00 NON-Member \$ 20.00

Video Conference Site Details Queensland Health Site Non-Queensland Health Site

SITE NAME:

SITE PHONE NUMBER:

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

I wish to pay 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

Card Number: / / / Expiry Date: /

Cardholders Name: Signature:

TERMS & CONDITIONS

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