**Somatic Symptoms in Children & Adolescents**

presented by Dr Kasia Kozlowska, Child Psychiatrist

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| **DATE:** **Friday 7th April 2017**  **TIME:** **9.30 am – 4pm** Registration and coffee from 9 am  **VENUE:** **Robertson Gardens, 281 Kessels Road, Nathan, Southside Brisbane**  **COST**: **$319** (GST incl.) Morning tea, afternoon tea and lunch are provided. |

**Registration Form**

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| **Name:** | |  | | | | | |
| **Occupation:** | |  | | | | | |
| **Organisation:** | |  | | | | | |
| **Postal address:** | |  | | | | | |
| **Phone:** | |  | | | | | |
| **Email:** | |  | | | | | |
| **Where did you hear of this workshop?** | | | | |  | | |
| **Do you have any special dietary requirements?** | | | No | | Yes (please give details) | | |
| **Payment details:**  **Full price: $319 -**  **20% discount rate: $255.20 -**  **10% discount rate: $287.10** **-**  (students please attach copy of current student ID) | | | | | Cheque | Money order | EFT |
| (made out to APD Training) | | (see \* below) |
| **EFT** | \* If you wish to pay via EFT please return this form to us first, we will then issue an invoice with our banking details attached. If you already have our banking details from a previous workshop please **DO NOT** transfer money until you have received the invoice.  \* Please include your invoice number as a reference when making your EFT payment so we are able to identify it. Remittance notice **MUST** be forwarded to APDT upon your EFT payment. | | | | | | |
| **PLEASE NOTE:** | **After 24th March** cancellations will attract a **$50** cancellation fee. : If cancellation is **after 31st March** or you simply do not show up on the day **we are not able to give any refund**.  Places are limited, so book early to avoid missing out. **Places will only be secured when we have received your payment.** | | | | | | |
| **Send your form and payment to:** | | | | APD Training, 4 Stewart Drive, Castle Hill NSW 2154  or email your form to [workshops@apdtraining.com.au](mailto:workshops@apdtraining.com.au) | | | |