



**AUSTRALIAN COLLEGE OF PERIOPERATIVE NURSES
WESTERN AUSTRALIA**

ABN 96 661 183 352

P.O. Box 990 Victoria Park, Western Australia 6979

Website: www.acornwa.org.au

E-Mail: enquiries@acornwa.org.au

ACORN WA WORKSHOP REGISTRATION FORM

Workshop Title:	ACORN WA "BACK TO BASICS" WORKSHOP		
Workshop Date:	Saturday 15th May 2021		
Name:			
Title/Position:			
Hospital:			
Contact Number:		Special Dietary requirements:	
Email: <small>(Confirmation will be sent to this address)</small>			
Are you a current ACORN WA member?	Yes <input type="checkbox"/>	FEE \$20	
	No <input type="checkbox"/>	FEE \$40	

PAYMENT DETAILS: PLEASE DO NOT DETACH THIS SECTION

I wish to pay by:	EFT <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>
ELECTRONIC FUND TRANSFER	BSB: 066 125 ACCOUNT NUMBER: 00903526 ACCOUNT NAME: Australian College of Perioperative Nurses Western Australia (ACORN WA) REFERENCE: Your Surname and Initial (eg: Watson J)		
Credit Card Number:			
Expiry Date: (i.e. 11/2016)			
Name on credit card:			Amount: \$
Signature:			Date:

PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO:

REGISTRATIONS ACORN WA (INC) PO Box 990 Victoria Park WA 6979	OR	E-Mail: enquiries@acornwa.org.au
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Payment can be made by: VISA, MASTERCARD or EFT
Payment must accompany this registration form to ensure processing