



**AUSTRALIAN COLLEGE OF PERIOPERATIVE NURSES**  
**WESTERN AUSTRALIA**  
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 E-Mail: [enquiries@acornwa.org.au](mailto:enquiries@acornwa.org.au)

**ACORN WA STUDY DAY REGISTRATION FORM**

<b>Workshop Title:</b>	<b>ACORN WA GERALDTON STUDY DAY</b>		
<b>Workshop Date:</b>	<b>Saturday 15<sup>th</sup> June 2024</b>		
<b>Name:</b>			
<b>Title/Position:</b>			
<b>Hospital:</b>			
<b>Contact Number:</b>		<b>Special Dietary requirements:</b>	
<b>Email:</b> <small>(Confirmation will be sent to this address)</small>			
<b>Are you a current ACORN WA member?</b>	Yes <input type="checkbox"/>	<b>FEE \$10</b>	
	No <input type="checkbox"/>	<b>FEE \$25</b>	

**PAYMENT DETAILS: PLEASE DO NOT DETACH THIS SECTION**

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

**PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO:**

E-Mail: <a href="mailto:enquiries@acornwa.org.au">enquiries@acornwa.org.au</a>
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Payment can be made by: VISA, MASTERCARD or EFT  
**Payment must accompany this registration form to ensure processing**