

Forum for Young People Living with Rare Disease: The challenges of the many transitions to adulthood!

Saturday 23rd February 2013
New Law Building, University of Sydney,
Camperdown



REGISTRATION FORM

YOUR DETAILS:

Name: _____

Age: _____ **Address:** _____

Email address: _____ **Phone number:** _____

Name of your disease or medical condition:

Please note that if you are less than 18 years of age, we ask that your parent/guardian signs below.

Name parent/guardian (printed) : Signature:

Date: / / 2013

Will a parent/carer accompany you to the workshop? Yes ☐ No ☐

Name of parent/carer attending:

Address:

Email address: _____ **Phone number:** _____

Are there any special dietary needs?

Yes ☐ No ☐

If yes, please list any requirements below:

Do you require Wheelchair Access?

Yes ☐ No ☐

Are there any other special needs we should be aware of? Please list below:

Please return completed Registration Forms to the APSU either via email apsu@chw.edu.au or via fax 02 9845 3082.