

## Parent/Carer Information Sessions, May 2009

5TH MAY  
7.15-9.30PM

**CEREBRAL PALSY**  
Speaker: A/Prof Dinah Reddihough, Consultant Paediatrician, RCH

12TH MAY  
7.15-9.30PM

**DEVELOPMENTAL DELAY AND INTELLECTUAL DISABILITY**  
Speaker: Dr Bronwyn Cathels, Consultant Paediatrician, RCH

19TH MAY  
7.15-9.30PM

**NUTRITIONAL ISSUES IN AUTISM**  
Speaker: Ms Linda Dodimead, Dietician, Department of Education and Early Childhood Development, Eastern Region

26TH MAY  
7.15-9.30PM

**BEHAVIOUR PROBLEMS IN AUTISM**  
Speaker: Dr Catherine Marraffa, Consultant Paediatrician, RCH

2ND JUNE  
7.15-9.30PM

**CONTINENCE ISSUES IN CHILDREN WITH DISABILITIES**  
Speaker: Ms Judy Wells, Clinical Nurse Consultant, Stomal Therapy and Continence, RCH

**Cost:** \$15 per head per session or \$25 for 2 *family members* attending same session together  
**Location:** Ella Latham Theatre, 1st Floor Main Building, Royal Children's Hospital, Flemington Rd, Parkville.  
**Queries:** Ph. 03 9345 5692/5898 or email: [education.seminars@rch.org.au](mailto:education.seminars@rch.org.au).

- **SESSIONS ARE SOLELY FOR PARENTS AND CARERS – WE RUN SEPARATE PROFESSIONALS SESSIONS.**
- **BOOKINGS WILL ONLY BE MADE BY PRE-PAYMENT WITH REGISTRATION FORM.**
- **NO REFUNDS WILL BE ISSUED FOR CANCELLATIONS WITHIN 7 DAYS OF SESSION, OR NON-ATTENDANCE.**



### REGISTRATION FORM / TAX INVOICE

Tick sessions you wish to attend	No. of attendees	Cost
<input type="checkbox"/> May 5 <sup>th</sup> Cerebral Palsy	_____ @ \$15ea/\$25 couple =	\$_____
<input type="checkbox"/> May 12 <sup>th</sup> Developmental Delay and Intellectual Disability	_____ @ \$15ea/\$25 couple =	\$_____
<input type="checkbox"/> May 19 <sup>th</sup> Nutritional Issues in Autism	_____ @ \$15ea/\$25 couple =	\$_____
<input type="checkbox"/> May 26 <sup>th</sup> Behaviour Problems in Autism	_____ @ \$15ea/\$25 couple =	\$_____
<input type="checkbox"/> June 2 <sup>nd</sup> Continence Issues in Children with Disabilities	_____ @ \$15ea/\$25 couple =	\$_____

I enclose a cheque/postal order to 'Department of Developmental Medicine' for **TOTAL:** \$\_\_\_\_\_

NAME: .....

PHONE: ..... E-MAIL: .....

ADDRESS: .....

Your child's age: ..... Disability: .....

Please make cheque or postal order out to 'Department of Developmental Medicine' and return to: **Education Seminars, Developmental Medicine, Royal Children's Hospital, Flemington Rd, Parkville 3052.**

*Unfortunately we cannot accept payment by credit card at this time*