

The TAVRP Inc Committee  
invites you and your colleagues to our next



## Launceston Breakfast Meeting

On Monday 21 September, 7.30 – 9.00am

**At Grain Restaurant, Silo Hotel  
Lindsay St, Invermay**

**Please arrive by 7.30am, and speak to restaurant staff on arrival,  
to indicate that you are there for the  
“TAVRP Breakfast Meeting”**

**Topic: Medication for Chronic Pain**

**Speaker: Helen O’Byrne, Pharmacist**

Helen O’Byrne has been a pharmacy owner in Launceston since 1998. In addition to dispensing prescriptions, she has experience in compounding medicine and herbal medicine, conducting Home Medicine reviews, and immunising.

Helen will discuss the different types of medication used for managing chronic pain, including their roles and their limitations.

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**✧ *Prepayment by the RSVP date is essential,  
to confirm your attendance.***

**✧ *See next page for registration and payment details.***

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### **Breakfast Choices:**

- **Option 1** - Eggs (poached, scrambled or fried – please specify) and bacon on toast
- **Option 2**- Toasted muesli with apple, rhubarb and Greek yoghurt
- **Option 3** - Pancakes with vanilla, pear, strawberries, mascarpone, maple syrup and candied walnuts
- **Option 4** – Coconut chia seed pudding, spiced oranges, granola and cinnamon



**TAX INVOICE ABN 96 128 479 496**

(This part will form your tax invoice – no receipts will be issued).

**Helen O'Byrne - Breakfast Meeting (21/9/20)**

**RSVP with payment by 16 Sept 2020**

Please send your completed invoice to [admin@tavrp.com.au](mailto:admin@tavrp.com.au)

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email \_\_\_\_\_

Company: \_\_\_\_\_

**Breakfast Order (Please circle):**

**Option 1**

**Option 2**

**Option 3**

**Option 4**

Special Dietary Requirements: .....

**Please select your fee category:**

- Members \$22.00 (Includes GST of \$2.00)
- Non-Members \$33.00 (Includes GST of \$3.00)

**Payment options:**

Direct deposit: WBC Hobart, BSB: 037-001 Account: 186 192  
(please include your name on the deposit receipt/reference section)

Charge \$\_\_\_\_\_ to my AMEX / Visa / MasterCard

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_

***Please note: There are no refunds or credits available after the RSVP date***