



Environment,  
Climate Change  
& Water



ENVIRONMENTAL  
HEALTH  
AUSTRALIA



**AELERT**

Australian Environmental Law Enforcement and Regulators network

ENVIRONMENTAL HEALTH AUSTRALIA (NEW SOUTH WALES) INCORPORATED

## WORKING WITH P.O.E.O.

*EHA Members - 5 CPD points per day EHA Member Presenters – 10 CPD points per paper*

### 28 and 29 March 2012

**Shadwell Park House, Myall Lakes National Park.**

The focus will be on a range of regulatory and contemporary environmental protection issues. This programme will be of particular interest to EHOs and other regulatory professionals such as Rangers and Compliance officers new to the field and those wanting to update their skills.

The 2 day 'live-in' program is designed to give a 'hands on' practical guide through the POEO legislative landscape. Topics over the two days will include:

- Hands on law enforcement and investigative workshops
- Open forum on recent POEO cases - what worked and what didn't
  - Seminars on OEH, its structure and jurisdiction
- POEO Act - how it relates to other environmental legislation and your role as a Council AO

### Registration Form/Tax Invoice

ABN 26 611 902 891

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

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Registration: EHA Members \$ 380.00 + \$ 38.00 GST = \$ 418.00**  
**Non-Members \$ 490.00 + \$ 49.00 GST = \$ 539.00**

**Registration Includes:** 'Live-In' Bunk Bed Accommodation (bring sleeping bag and pillow) **YES NO**  
 all Meals, Compendium, and Attendance Certificate.

Alternative accommodation - 'motel' **at own cost** is available at Blueys Beach about 20 minutes north.  
 This accommodation must be booked with a motel separately from this registration.

**FAX REGISTRATION FORM TO: 07 3252 9084**

**Margaret Hind – Executive Officer- EHA (NSW) INC**

**Phone: 02 9181 3320 Email: [nsw@eh.org.au](mailto:nsw@eh.org.au)**

**PO Box 2222 Fortitude Valley BC Qld 4006 Website: [www.eh.org.au](http://www.eh.org.au)**

**Payment by cheque, credit card or EFT - BSB 633-000 A/c No 139212229**  
 (Withdrawal within 7 days – Replacement delegate or 50% registration)

PLEASE DEBIT MY  
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MASTERCARD

VISA

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PLEASE PRINT  
CARDHOLDER

NAME: \_\_\_\_\_ EXPIRY: \_\_\_\_ / \_\_\_\_ .

SIGNATURE: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_