



WA Equal Opportunity Commissioner Yvonne Henderson

invites you to a breakfast forum to celebrate

International Women's Day 2009

'Women refugees - stories of survival'

Opening comments by **JANET HOLMES À COURT**, patron of the Association for Services to Torture and Trauma Survivors (ASeTTS)

GUEST SPEAKERS:

Hawa Sesay:

Hawa came to Australia from Sierra Leone in 2003. She arrived pregnant and with two small children. Her husband remained in Africa and did not reach Australia until three years later.

Jennifer Addy:

Jennifer is the Senior Coordinator of the Clinical Team at ASeTTS and has worked in a variety of roles within the organisation including counselling and leadership programs. Jennifer attended the Harvard University Program in Refugee Trauma last year and is currently completing studies in Global Mental Health: Trauma and Recovery.

Introduced by:

Yvonne Henderson, WA Equal Opportunity Commissioner

Date:

Friday March 6, 2009

Time:

7.15am for a 7.30am start - until 9.00am

Venue:

The Grand River Ballroom at the Sheraton Hotel, 207 Adelaide Terrace, Perth

Cost:

\$40 (GST inclusive) per person includes plated hot breakfast.

Any enquiries regarding this event should be directed to Pauline or Debra on 9216 3955 or eoc@eoc.wa.gov.au

DISABLED ACCESS IS AVAILABLE. RSVP by FRIDAY 27 FEBRUARY 2009

International Women's Day

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Friday March 6, 2009

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Please fax this page to 08 9216 3960 **or** post it to the WA Equal Opportunity Commission, PO Box 7370, Cloisters Square, Perth, WA 6850 (Attn: Pauline or Debra).

REGISTRATION FORM (one registration per form please)

Name: _____

Company Name: _____

Mailing Address: _____

Email: _____

Phone: _____ Fax: _____

Please specify any special dietary needs: _____

Payment is required prior to the breakfast and can be made in one of the following ways:

- Cheque/ money order made payable to the Equal Opportunity Commission and posted to PO Box 7370, Cloisters Square, Perth WA 6850
- Invoice: please provide contact details and person responsible for payment (only available for registrations prior to 27 February 2009)
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- Credit Card – please complete the following:

Bankcard Visa Mastercard

Card Number: _____ Expiry Date: _____

Name on Card: _____

Card Holder's signature: _____ Amount: \$ _____

Telephone contact for card holder: _____

Cancellation Policy: Only cancellations made prior to 4.30pm on Friday February 27, 2009, will receive a refund.

Would you like to receive the EOC newsletter: Yes, by email Yes, by post No