

# Nutrition for Peak Performance

**Ever wondered what is the best thing to eat to help you achieve a gold medal performance? Want to know what the best foods are to get you through recovery? This seminar will help you discover the best foods to eat pre, during and post exercise for optimum performance and recovery.**



Presented by:

**Viki Kearns**

Sports Dietitian - Complete Nutrition

**Date: Wednesday 19th May 2010**

**Time: 6.30<sup>pm</sup> - 8.30<sup>pm</sup>**

**Venue: FJ Clarke Lecture Complex  
Sir Charles Gairdner Hospital  
Nedlands**

**Cost: \$40 - Non Members  
\$30 - SMA Members**

For more information, please contact  
Sports Medicine Australia (WA Branch)  
Ph: (08) 9285 8033 Fax: (08) 9284 9239  
Email: [rachel@smawa.asn.au](mailto:rachel@smawa.asn.au)



**Register on-line! [www.smawa.asn.au](http://www.smawa.asn.au)**



To confirm your registration, full payment MUST be received by SMA prior to course commencement.

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

I would like to enrol in the following seminar: *(please tick)*

Sports Nutrition – Wed 19<sup>th</sup> May (610CENUT1)

How did you find out about this session?

- School/Uni   
  Club/Organisation   
  Healthy Club Sponsorship  
 SMA Email   
  Friend/Colleague   
  SMA website   
  Other: \_\_\_\_\_

What is your current Occupation? \_\_\_\_\_

**Students:** *(please specify)*

Educational institution: \_\_\_\_\_

Field of Study: \_\_\_\_\_ What year are you in? \_\_\_\_\_

What sport are you involved with? \_\_\_\_\_

What is your main role in this sport? *(please tick **one** only)*

- Coach   
  Manager   
  Player/Athlete   
  Trainer/First Aid   
  Other: \_\_\_\_\_

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|--|---|---|---|--|-------------------------------|---------------------------------|-------------------------------|-------------------------------------|
| <b>Payment Details:</b> Amount: \$ _____ |   |   |   |  | <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque | <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard |
| Card number:                             | / | / | / |  | Expiry date: /                |                                 |                               |                                     |
| Name on card:                            |   |   |   |  |                               |                                 |                               |                                     |

**Office Use only:**

|               |              |       |
|---------------|--------------|-------|
| Amount: \$    | Receipt No.: | Date: |
| Seminar Code: |              |       |

**Registrations close 10 days prior to course commencement.**

Please send this form with payment to:  
 Sports Medicine Australia (WA Branch)  
 PO Box 57 CLAREMONT WA 6910  
 Fax: 9284 9239

