

Education Registration Form - 2019

(Please complete a separate registration form for each course you wish to attend)

Course Name:

Course Date/s:

Course Fee: \$.....

First Name: Surname:

Address:

Telephone: Cellphone:

Email: Home Work:

Current Place:

Position Held:

Payment Details:

Cash/Cheque

Direct Credit

Invoice Organisation

For **direct credit** (bank details): Arohanui Hospice Service Trust

Account No: 03 – 0726 – 0486812 – 00

Particulars: Course Name

Reference: Your Surname

Cancellation:

Any cancellation received within 24 hours of the course date will incur an administration charge of 20% of the course fee.

Post to:

Education Service

Arohanui Hospice

PO Box 5349

PALMERSTON NORTH

Email: education@arohanuihospice.org.nz **or Fax:** (06) 355 0453