

Education Registration Form

(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 of Work:

Position held:

Payment Details:

Cash / Cheque

Direct Credit

Invoice Organisation

Free Course

For direct credit (bank details):

Account number:

Particulars:

Reference:

Arohanui Hospice Service Trust

03-0726-0486812-00

Course name/initials

Your SURNAME

Cancellation:

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

Please send to:

Education Service
Arohanui Hospice
PO Box 5349
PALMERSTON NORTH 4441

Fax: 06 355 0453

Email: education@arohanuihospice.org.nz



Office use only:

Registered Payment Received Confirmed

Date Confirmed:

Comments: