

# 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

Direct Credit

Invoice Organisation

**For direct credit (bank details):**

Arohanui Hospice Service Trust

**Account number:**

12-3211-0033316-00

**Particulars:**

Course name/initials

**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.



Email: [education@arohanuihospice.org.nz](mailto:education@arohanuihospice.org.nz)

Office use only:

Registered  Payment Received  Confirmed

Date Confirmed:

Comments: