

Hospice Taranaki Education Programme 2018

Application form for ALL workshops



Please use CAPITALS and print clearly

Location of workshop (*please circle*) : **New Plymouth** **Stratford** **Hawera**

Name of workshop _____

Date and time of workshop _____ Workshop fee: \$ _____

Your Name _____

Your Current Place of Work _____

Your Current Work Role _____

Please indicate who will be covering the cost of the workshop? (*please tick*) :

Myself My Employer Other: _____

The postal address details where the invoice will go to:

Your Phone (Wk) _____

Mobile _____

Your Email _____

Upon receipt of this completed application form, Vanessa will email confirmation to you. The invoice will then be sent . This must be paid prior to your workshop . There will be no refund.

Post or email your completed form, details listed below.

Te Rangimarie Hospice
5 David Street
Westown
New Plymouth 4310



Hospice Taranaki
PO Box 5122
New Plymouth 4343

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Register early to avoid disappointment, this also assists us with planning. Thank you.