

Hospice Taranaki Education Programme 2019

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:\$ _____

Attendees Name _____

Current Place of Work _____

Current Work Role _____

Phone (Wk) _____ Mobile _____

Email _____

Signature: _____ Purchase Order No. _____

Please indicate who will be covering the cost of the workshop?

(please circle) :Myself My Employer Other: _____

BILLING DETAILS—The email address where the invoice will go: _____

Authorised for payment – Signature: _____

Upon receipt of this completed application form, you will be emailed registration confirmation and the an invoice will be emailed. **Payment is required prior to the workshop session.**

Failure to attend or cancellation within 72 hours of the course will still incur the full cost.

LIMITED SPACES ARE AVAILABLE FOR EACH SESSION
Post or email your completed form, to the address below.

Te Rangimarie Hospice
5 David Street
Westown
New Plymouth 4310



Hospice Taranaki
PO Box 5122
New Plymouth 4343
06 753 7830

Paula King, Clinical Nurse Educator
paula.king@hospicetaranaki.org.nz

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