

# Course Registration Form

GST NO: 62-393-572



This registration form becomes a confirmation and tax invoice when payment is received

**Venue: Learning & Development Centre - Hospice West Auckland**

**206 Swanson Road, Henderson**

Date	Course Title	Time	Fee	✓ To select
15 January 2014	Syringe Driver Competency	1:00pm - 4:30pm	\$65.00	
29 January 2014	Clinical Skills – Assessment & Management of Pain Series 1 of 6	4:30pm - 6:00pm	\$10.00 *	
03 February 2014	Fundamentals of Palliative - Care Day 1 of 2	9:00am - 4:00pm	\$60.00	
05 February 2014	Special Topics – Identification of Complicated Grief & Loss Issues Series 1 of 6	4:30pm - 6:00pm	\$10.00 *	
10 February 2014	Fundamentals of Palliative Care – Day 2 of 2	9:00am - 4:00pm	\$60.00	
26 February 2014	Clinical Skills – Nausea and Vomiting Series 2 of 6	4:30pm - 6:00pm	\$10.00 *	
05 March 2014	Special Topics – Principles of Psychosocial Assessment Series 2 of 6	4:30pm - 6:00pm	\$10.00 *	
26 March 2014	Clinical Skills – Breathlessness Series 3 of 6	4:30pm - 6:00pm	\$10.00 *	
*Clinical Skills	Registration for Series of 6 (Dates for Sessions 4,5, & 6 to be advised)		\$35.00	
*Special Topics	Registration for Series of 6 (Dates for Sessions 4,5, & 6 to be advised)		\$35.00	
**NOTE	Fee for Fundamentals covers administration and catering			

## Payment Options:

**Credit Card:**

Amount \$.....

Name on Card.....

Signature:.....

Visa ☐ Mastercard ☐ Expiry date...../.....

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## Internet banking:

Hospice West Auckland A/C: ASB 12 3039 0813192 00 (use your name as reference and send us your registration form)

**Cheque:** Made payable to Hospice West Auckland for \$.....

*Kindly note: payment confirms your registration and must be made prior to attendance.*

To register your attendance please complete registration box in full and return by e-mail to

[learning@hwa.org.nz](mailto:learning@hwa.org.nz), by fax to 834 9759 or post to PO Box 45181, Te Atatu, Auckland, 0651.

If you have any queries, please contact Trish Fleming on DD 09 834 9754 or by- email ([trishf@hwa.org.nz](mailto:trishf@hwa.org.nz))

Title.....Name.....

Position.....Organisation.....

Address.....

Email.....Phone.....

Mobile.....