Course Registration Form 2026

Please complete <u>one</u> form per person

Name:
Address:
Current employer (if applicable) & position held:
Name of workshop:
Date of workshop:
Phone: **Mobile:**
Email: [required for course confirmation, and pre-course reading if required]
❑ **Tick if you would like to be added to our email database for upcoming workshops**

NB: This form **MUST** be emailed or delivered to the Hospice Administration as soon as possible to secure your place at the session or course of your choice.

Once we have received your registration, please advise us as soon as possible if plans change and you are unable to attend. If you do not receive a confirmation of your registration, please contact us as below.

Workshops or courses with an insufficient number of registrations 7 days prior to the planned date, may be postponed to the next available date or cancelled. In the event this happens, those who have registered will be contacted with new details.

Please deliver completed form[s] to Hospice Marlborough, Gate 2, Hospital Road, Blenheim or **Email to** hospice.marlborough@mht.org.nz

Contact Email: hospice.marlborough@mht.org.nz

Contact Phone: 03 578 9492