

## Advance Care Planning Workshop Registration

Please complete all sections of this form and return to: [acp@nh.org.au](mailto:acp@nh.org.au) or fax: 9495 3254 *no later than 10 days prior to the workshop.*

You will receive an email to confirm your registration, and further details will follow closer to the workshop date.

Please print clearly:

**WORKSHOP DATE**.....

<b>Your details:</b>	
Name	
Organisation	
Address	
Ward/Department	
Profession	
Current Position	
Years in this role	
<b>Contact details</b>	
Phone:	
Email:	
Mobile:	

Main Area of Work:	Please tick	Previous Advance Care Planning Education:	Please tick
Acute		None	
Sub acute		½ or 1 hour Introduction to ACP	
Residential Care		ACP one day workshop	
Community		RPC two day workshop	
Ambulatory			
Other		Other	

**Cancellations:** Cancellations will be accepted up to 5 days prior to the workshop, however refunds will not be given for cancellations after this date or non-attendance.

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**Payment Advice**

**Workshop Registration Fee:** \$120

**Credit Card:** Cardholder name: .....

Card Number: .....

Expiry Date: .....