



## REGIONAL WORKSHOP REGISTRATION

ORGANISATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

WORKSHOP NAME: \_\_\_\_\_

WORKSHOP DATE: \_\_\_\_\_ VENUE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PH NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARTICIPANTS: (please indicate if staff are RN, DT, Carer or other)

Name	Staff Role	Amount Paid
		\$

**Return this form to:**

Age Concern Hamilton, Celebrating Age Centre,  
30 Victoria Street, Hamilton 3204

Ph: 07 838 2266

Fax: 07 838 2268

Email: [postmaster@ageconcern.gen.nz](mailto:postmaster@ageconcern.gen.nz)

**NOTE: registrations close one week prior to each course date. ALL PAYMENTS MUST BE MADE A WEEK IN ADVANCE**

Office Use Only	
Confirmation date: Email / Letter / Phone	
Payment detail: Invoice Number	
Receipt number Direct Credit	

Internet Banking: 031556 0038607 01 Westpac  
(eg. Particulars-EANP, Reference-Organisation/Surname)