

Acute Complex Care Course Gold Coast 2024

Please complete and return via mail or email to info@thinkasklearn.com.au

Registration Details	
Title:	
First Name:	
Last Name:	
Preferred Name on Badge:	
Mobile Phone:	
Email:	
Postal Address	
Suburb	Postcode:
Employed At (RN Only):	
Unit and Position:	
University (UG only)	
Student ID (UG only)	

Registration Refund Policy:

Cancellation fourteen (14) or more days before workshop – 100% refund minus \$50 administration fee.
No refunds for cancellations within fourteen (14) days of the workshop.

29th Jan-3rd Feb 2024 **17th - 22nd June** **28th Oct-2nd Nov**

Payment Options

Paid via Website **Domestic Undergrad \$810** **RN/EN \$1575**

Payment by EFT **International Student \$1575**

BSB 638 060 **Account No** 13277308 **Name** Think Ask Learn Pty Ltd

Credit Card **Visa** **Mastercard** **Amount** \$ _____

Name on Card _____

Card Number _____

Expiration Date _____ **CCV** _____

Signature _____

Credit card payments via this form attracts 3.6%+ \$0.30 merchant fee surcharge

Please keep me informed via email of future events Yes No