

Acute Complex Care Course Gold Coast 2025

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.

Jan 2025- <mark>SOLD OUT</mark> Payment Options		27th Oct- 1s	t Nov 2025		
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Paid via Website		Domestic Undergrad	d \$825	RN/EN \$1595	
Payment by EFT			Internationa	l Student \$1595	
BSB 638 060 Account No 13277308 Name Think Ask Learn Pty Itd					
Credit Card	Visa	Mastercard	Amount _ <u>\$</u>		
Cleur Caru	VISd	Mastercaru	Amount <u>-</u>		
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 inforr	ned via email	of future events	Yes	No	
				www.thinkasklearn.com.au	