



## Palliative Care Education Registration Form 2021

Name

Address

Phone:

Work:

Email

Occupation

Workplace / Employer

Course/s and date you wish to attend:

Please post or email your completed form to:

Hospice Southland

PO Box 7020

Invercargill 9844

Email: [education@hospicesouthland.org.nz](mailto:education@hospicesouthland.org.nz)