



Palliative Care Education Registration Form 2018

Name

Address

Phone (home)

Work

Email

Occupation

Workplace / Employer

Course/s and date you wish to attend:

Please post or fax your completed form to Kirsty Robertson or
Jan Nally

Hospice Southland

PO Box 7020

Invercargill 9844

Fax: 03 211 3082

Email: kirsty.robertson@hospicesouthland.org.nz

jan.nally@hospicesouthland.org.nz