Registration 2017

Cost: NZ $2000 (Incl. GST)

New Anaesthetic Registrar Crisis Management (NARCM)

Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

Contact Information – *Please print clearly and complete all of the information required in full*

First Name:		Surname:	
Hospital/Workplace:		Employee/Payroll Number: *(for CCDHB staff only)*	
Position: *(BTY1, ATY1, Fellow, Specialist, etc.)*		Years of Practice:	
Email Address:			
Postal Address:			
Contact Phone:		Scrub Size:	
Personal Requirements: *(i.e. Dietary requirements)*		Preferred Name: *(for name tag)*	

Course Selection – *Please select one of the course dates below*

☐ 29 – 30 May 2017 ☐ 27 -28 November 2017

Method of Payment – *Please select one of the options below and complete all of the information required in full*

☐Visa ☐MasterCard	Card Number:		
	Name on Card:		
	Expiry Date:		
☐Internal Transfer *(for CCDHB staff only)*	Cost Centre Manager Name:		
	Cost Centre Manager Role:		
	Department:	Phone:	
	Cost Centre & Activity Code Numbers:		
☐Cheque	Please enclose cheques payable to 'Capital & Coast DHB' with your registration		
☐Invoice	Attention:		
	Company Name:		
	Postal Address:		
	Email:		
	Phone:		

Your payment will be processed approximately 6 weeks prior to the course date and a receipt emailed to you
Internet banking is available on request; please advise if you wish to pay by this method

Terms & Conditions

The Wellington Regional Centre for Simulation & Skills Education reserves the right to cancel any course if the minimum number of attendees is not met, or due to circumstances beyond our control. Under those circumstances we will refund any course payments that have been received. In the event of participant cancellation between 1-6 weeks prior to the course date, course registration fees will be refunded, less an administration fee of $250. If a participant fails to attend the course or cancels less than 7 days prior to the course date, no refund will be issued, except under exceptional circumstances as determined by management. All cancellations must be made in writing to The Simulation & Skills Centre; cancellation costs shall then be immediately payable.

I have read and agree to the Terms & Conditions:

Signature:	
Name:	
Date:	

Once completed please send this form to wrcsse@ccdhb.org.nz or post it to:
The Simulation & Skills Centre, Level 9, CSB, Wellington Hospital, Private Bag 7902, Wellington.

Once your application is received you will be emailed confirmation of your position on the course and further course information.