

# Acute Complex Care Course Gold Coast 2025

Please complete and return via mail or email to [info@thinkasklearn.com.au](mailto: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.

**28th Jan-2nd Feb 2025**  **Oct 2025 TBA**

### Payment Options

**Paid via Website**  **Domestic Undergrad \$815**  **RN/EN \$1580**

**Payment by EFT**  **International Student \$1580**

**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