ThinkAskLearn
Health Professional Education

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ABN: 78 119 360 846

Acute Complex Care Course Gold Coast 2027

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.

21st June -26th June 2027 ☐ **25th Oct- 30th Oct 2027** ☐

Payment Options

Paid via Website ☐ **Domestic Undergrad $890** ☐ **RN/EN $1825** ☐

Payment by EFT ☐ **International Student $1825** ☐

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 _____

Please keep me informed via email of future events Yes ☐ No ☐