

## CARE OF PEOPLE WITH DEMENTIA IN THEIR ENVIRONMENTS COPE PROGRAM TRAINING WORKSHOP REGISTRATION FORM

Email completed registration forms to: info@copeprogram.com.au

First Name,	Last Name:
Position:	
Organisation:	
Training Loc	ation:
Training dat	e(s):
Phone:	
Email:	
Dietary, acce	ess or other requirements:
COST: Occupa	ational Therapist (2 days) \$890 Nurse (1/2 day) \$50
<b>Payment De</b> Please make	<b>tails:</b> all payments via direct debit using the following details:
	S Day and K E Laver

ACC Name:	S Day and K E Laver
BSB:	082 356
Acc Number:	23 410 7484
Bank:	NAB
Reference:	Your name and training location (e.g. SMITH SYD)

## **Cancellation Policy**

For attendee cancellations, an administrative fee of \$40 will be incurred for each registration cancelled up to 7 days prior to the training. Refunds will not be given for cancellations made within 7 days of the workshop. A substitute attendee is welcome to attend.

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