

RNs Professional Development Series Purchase Form

Please send the learning resources for the following module of the Health Ed Trust NZ Registered Nurses' Professional Development Series.

I wish to purchase:

Module Number: Module Title:.....

Name:
(this name will be on all certificates)

Street Address:.....

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Home Phone: () Mobile:.....

Email:

Practising Certificate Registration Number:

Sector:.....(e.g. Aged Care, DHB, Hospital, Primary Care)

Please note: Each module is sold to an individual.

I agree that the RN Professional Development Series education materials are only to be used for my own personal use, and I hereby warrant that this material will not be copied for or used by other individuals or locations.

I acknowledge that copyright for the learning materials remains with Health Ed Trust NZ Inc.

Signature:..... Date:

Prices: Reflective Practice (compulsory) \$65 All other modules \$95

A discount of 10% is available if six or more individuals from the one organisation are purchasing the same module.

Please return this completed form and your payment for \$.....

Paying by: cheque to Health Ed Trust,
1/54 Wordsworth St, Sydenham, Christchurch 8023

direct credit to Health Ed Trust,
ANZ Christchurch 01-0797-0203664-00

Please tick this box if you would like: an invoice

a receipt