



MEDTECH HOUSE CUSTOMISED TRAINING REQUEST FORM

Use this form if you want to come to our Training Room at Medtech House

Contact Details:

Name: _____

Practice Name (if applicable): _____

Street Address: _____

Suburb: _____ City: _____

Ph: _____ Fax: _____

E-mail: _____

Please outline the areas you would like to cover:

Please specify preferred dates:

First Date: _____

Second Date: _____

Cost Options:

- \$ 600 + gst half day (4 hours)
- \$1200 + gst whole day (8 hours)

Please sign this form as an authorisation to purchase this training session and fax back to 0800 MEDTECH (0800 633 832), or e-mail to trainingnz@medtechglobal.com. Our Training Manager will contact you to confirm a date for training.

Signature: _____

If you have further queries regarding the scheduling of your training, please contact Medtech Limited 09 358 0116 extension 1, or email support@Medtechglobal.com.