

MEDTECH HOUSE CUSTOMISED TRAINING

REQUEST FORM

Please use this form for training at our custom facilities at Medtech House in Auckland.

Contact Details:

Name: _____

Practice Name (if applicable): _____

Street Address: _____

Suburb: _____ City: _____

Phone: _____ 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) plus \$150 per each additional person

\$1,200 + gst - whole day (8 hours) plus \$150 per each additional person

Please sign this form as authorisation to purchase the requested training session at our custom facilities in Auckland - and email or fax back to:

Fax: 0800 MEDTECH (0800 633 832), or **Email** to trainingnz@medtechglobal.com.

Our Training team will contact you to confirm a date for training.

Signature: _____

If you have further queries regarding the scheduling of your training, please contact our Training Team on:

Philippa Little (09) 356 7783 or Anya Rudykh (09) 356 7743 or Charles Hostetler (09) 356 7740