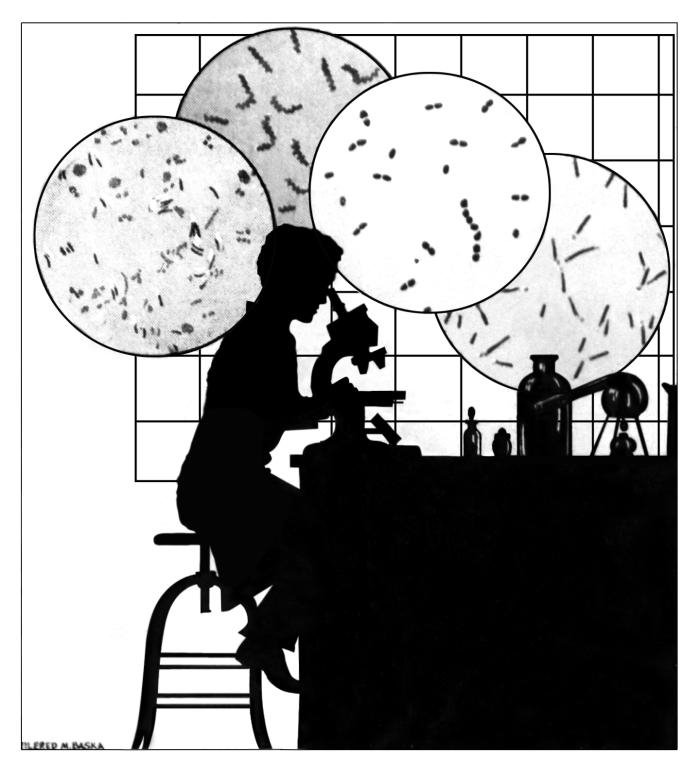
***Thursday, 19th March 2020***

***Thursday, 9th July 2020***

***Approx: 0900am – 1530pm***



***Morning tea will be provided.***

***Please bring your lunch.***

**LabPlus Career / Education Visits**

**Visit Dates: Thursday 19th March 2020 (Registration Closes: Monday, 16th March 2020)**

**Thursday, 9th July 2020 (Registration Closes: Monday, 6th July 2020)**

**Report to: LabPlus Visitor Reception, Level 3, Building 31, Auckland City Hospital, Park Rd, Grafton, Auckland.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** |  | | | | | |
| **Postal address** |  | | | | | |
| **School / Tertiary - currently attending** |  | | | | | |
| **School / Tertiary - current year** |  | | | | | |
| **Experience (if any)**  **Please briefly explain your Laboratory experience** |  | | | | | |
| **Phone contact** | **Home:** |  | | **Mobile** |  | |
| **Email address** |  | | | | | |
| **Date I wish to attend** | **Thursday**  **19/03/2020**  **□** | | **Thursday**  **9/07/2019**  **□** | | |  |
| ***Morning Tea will be provided.***  ***Please bring your own lunch.*** | | | | | | |

***Please complete this registration form and return via post, fax or email to:***

Tracy Camp

Training and Development Lead

LabPlus – Administration

PO Box 110031

Auckland City Hospital

Auckland 1148

**Email:** [tcamp@adhb.govt.nz](mailto:tcamp@adhb.govt.nz)

**Phone:** 09 307 4949 extension 22638

**Fax:** 09 307 4970

***On receipt of your registration form, an email will be sent to you confirming your attendance.***