



Dr Omeri, PhD, RN, RM, BSN, MN, CTN-A(Advanced), FRCNA will draw on her lifelong experiences in diverse practice settings in Australia and overseas to allow for critical reflection on Transcultural nursing practices. She utilises a positive and practical approach which motivates participants to reflect upon their own practices in Transcultural nursing.

Transcultural Nursing Practice: A Practical Guide to Planning and Implementing Nursing Care in Diverse Care Settings.

**(A minimum of 10 registrants is required for each session.)**

(ABN 50 760 187 587)

### REGISTRATION FORM

2013/2014 This presentation/workshop/lecture will be offered upon request.  
Please contact Dr Akram Omeri OAM with your preferred dates.

(Morning and afternoon tea will be provided)

**Please complete the following section in CAPITAL LETTERS:**

Surname:..... First name: .....

Name of organization: .....

Postal address: .....

Suburb/post code: .....

Tel: (W)..... (H)..... (M) .....

Email: .....

**PAYMENT DETAILS:**

(You will not be registered until payment has been received):

\$A300 (GST included)

I enclose a cheque for AUD \$..... payable to Dr Akram Omeri

Debit my credit card AUD \$.....

Card type (circle) Visa/MasterCard

Cardholder Name: .....

Card Number: \_ \_ \_ \_ \_ Exp Date: \_ / \_

Cardholder's Signature: .....

**Please return completed form to:**

**Post:** Dr Akram Omeri, OAM

PO Box 4046, HOMEBUSH SOUTH NSW 2140

**Email:** [Akram.Omeri@gmail.com](mailto:Akram.Omeri@gmail.com)

**Important Disclaimer**

Please do not finalise travel or any other arrangements relating to this workshop/presentation until you have received a confirmation of registration from Dr A Omeri. Any costs incurred in making arrangements without previous confirmation is the sole responsibility of the registrant.

**Payment must accompany the registration form to secure participation in the workshop/presentation.**

**Please be advised that:**

Cancellations prior to two weeks of each session will receive a 50% refund of registration fee paid. Cancellations within two weeks (less than 14 days) of each session will not be refunded. Once payment made, this form becomes a TAX INVOICE (ABN 50 760 187 587). Please retain a copy for your file.