

New Zealand Dermatological Society & The Dowling Club

Registration Form

Register on line at www.spconferences.co.nz

Hotel Grand Chancellor, Christchurch, New Zealand

FIRST NAME _____ SURNAME _____

HOSPITAL/BUSINESS NAME _____

ADDRESS _____

TELEPHONE _____ FAX _____

EMAIL _____

Please note any special requirements health, diet, mobility etc.

I do not wish my personal details to be included in the Delegate List.

Registered NZ Dermatologist Yes Registered Australian Dermatologist Yes Registered Dowling Club Dermatologist Yes

NZ Dermatology Registrar Yes Australian Dermatology Registrar Yes Dowling Club Dermatology Registrar Yes

SECTION A - REGISTRATION FEES (Inc. of 12.5% GST, NZ\$)

Medical Doctors	Earlybird on or before 15/3/2010	Full Fee after 15/3/2010
NZ/Aust Dermatologist Full Registration	<input type="checkbox"/> \$850.00	<input type="checkbox"/> \$950.00
NZ/Aust Dermatology Registrar Full Registration	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$550.00
Dowling Club Dermatologist Full Registration	<input type="checkbox"/> \$850.00	<input type="checkbox"/> \$950.00
Dowling club Registrar Full Registration	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$550.00
Trade		
Trade Exhibitor Registration (Does not include conference dinner)	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$550.00

SECTION A - Total Registration Fees \$ _____

SECTION B - SOCIAL PROGRAMME

Welcome Reception - Saturday 1st May
[Included in full registration] Yes I will attend No I will not attend

I require _____ extra tickets at \$75

Ego Dinner - Sunday 2nd May, Antarctic Centre
[Included in full registration] Yes I will attend No I will not attend

I require _____ extra tickets at \$75 Accompanying Person/s Name _____

Conference Dinner - Monday 3rd May, Airforce Museum
[Included in full registration] Yes I will attend No I will not attend

I require _____ extra tickets at \$110 Accompanying Person/s Name _____

SECTION B - Total \$ _____

Registration Form

SECTION C - HOSPITAL VISITS AND DOWLING DINNER

Clinical Meeting, Christchurch Hospital, 1st May Yes I will attend Clinical Meeting, Auckland Hospital, 10th May Yes I will attend
Clinical Meeting, Waikato Hospital, 6th May Yes I will attend Auckland Dowling Dinner, 10th May \$210.00

SECTION C - Total

\$ _____

SECTION D - ACCOMMODATION

Please include the equivalent of one night's accommodation and this will be forwarded onto the hotel on your behalf. Delegates are to finalise their own accounts on departure. For other accommodation choices please visit www.wotif.com to make your own booking.

Hotel Grand Chancellor \$170.00 per night

\$ _____

Nights Required

Friday 30th April Saturday 1st May Sunday 2nd May Monday 3rd May Tuesday 4th May

Type of Room Required

Single Double Twin Other _____

Number of people requiring accommodation (If children, require ages) _____

I wish to share with _____

Special requirements _____

SECTION D - Total

\$ _____

REMITTANCE GST Number 53-964-354

SECTION A - REGISTRATION

\$ _____

SECTION B - SOCIAL PROGRAMME

\$ _____

SECTION C - HOSPITAL VISITS & DOWLING DINNER

\$ _____

SECTION D - ACCOMMODATION

\$ _____

TOTAL

\$ _____

PAYMENT OPTIONS

Please tick your payment method

Cheque enclosed - Please make payable to NZDSI Conference

Direct Credit - On receipt of your registration form, an invoice with direct credit details will be emailed back to you

Credit Card Mastercard Visa Diners Amex

Name on card _____

Card Number _____ Expiry Date _____

Card Holder's Signature _____

Amount to charge _____

Important Notes

- This form will be a tax invoice for GST purposes when you make a payment
- Please retain the original copy for your records
- Payment online with your credit card will appear on your statement as a transaction with SP Conference Management

Please return Registration and payment To: NZ Dermatological Society Conference
c/- SP Conference Management, PO Box 4400, Palmerston North 4442, New Zealand
Fax +64 6 357 1426, Email suepeck@xtra.co.nz