DELEGATE REGISTRATION FORM

Please note: This registration form is your official tax invoice.

Secure online registration available: www.spconferences.co.nz

Please complete this form and keep a copy for your records.

GST NO: 100-472-732

A. DELEGATE DETAILS

Last name: _____ Title: _____ First Name: _____

Organisation: _____

Position Title: _____

Postal Address: _____

City/Town: _____ Postcode: _____ Country: _____

Tel Work: _____ Mobile: _____

Email: _____

Special Requirements: (Dietary, disability etc) _____

The Privacy Act 1993 provides that your name and contact details cannot be published in the list of conference delegates for distribution to fellow delegates, exhibitors, or any other party without your consent.

*If you **do not** want your contact details included in the list of delegates please tick here:* ☐

B. REGISTRATION FEES - *(inclusive of GST)*

Please tick registration category		**Standard Before 7th March 2014**	**Late After 7th March 2014**
Full Registrations include all Meeting sessions, daily catering, the Welcome Function and the Meeting Dinner.			
☐	Full Registration Medical	$530	$580
☐	Full Registration Nursing and Registrars	$250	$300
Day Registrations include all Meeting sessions and catering for the day registered. Social functions are not included. Tickets for the Meeting Dinner may be purchased in Section C of this form.			
☐	Day Registration Medical	$280	$300
☐	Day Registration Nursing and Registrars	$150	$180
☐	Morphology Workshop	$80	$100
	Day Registrations: Please tick day attending Thursday ☐ Friday ☐		
☐	Sponsor/Exhibitor Registration including all Meeting sessions & daily catering, Welcome Function (does not include dinner)	$230	$260

If you are entitled to a free registration please tick here ☐

B. TOTAL REGISTRATION FEES $ _____

C. SOCIAL FUNCTIONS:

WELCOME FUNCTION AT DR BART BAKER'S RESIDENCE - 153 Russell Street, Wednesday 26th March, 6.30 - 9pm.

There is no cost to attend this sponsored function, however please indicate below whether or not you will be attending for catering purposes.

Attending Yes ☐ No ☐

Special dietary requirements for the Welcome Function: _____

CONFERENCE DINNER AT THE VINTAGE CAR CLUB ROOMS - Thursday 27th March, 7pm.

This venue is in the country and you will be transported by bus to and from the selected accommodation.
ONE ticket is included in the Full Registration fee. It is NOT included in the Day Registration fee or Sponsor/Exhibitor fee.
Please indicate here whether you will be attending, to assist us with accurate numbers for catering.

Attending Yes ☐ No ☐

Day Delegate/Guest tickets: Number of tickets required: _____ @ $125.00 each $ _____

Name of guest: _____

Special dietary requirements for the Meeting Dinner: _____

C. TOTAL SOCIAL FUNCTIONS $_____

D. ACCOMMODATION BOOKING:

Accommodation has been reserved at the following preferred hotels. Please complete the details and your booking will be confirmed. Please provide credit card details to guarantee your booking. If paying by direct credit or cheque, please include full payment of your accommodation night's with your registration fee's. Twin shares are available at the Coachman. Both accommodation venues are a 5 minute walk from the Convention Centre.

Hotel Coachman

Room rates:

☐	Studio Room	NZ$124.00
☐	Deluxe Room	NZ$198.00
☐	Hotel Standard Room	NZ$156.00
☐	Hotel Deluxe Room	NZ$198.00
☐	Executive Suite	NZ$263.00
☐	Villa (2 bedrooms)	NZ$275.00

Travel Lodge

☐ Rooms NZ$170.00

Please note, these room rates do not include breakfast.

☐ Wednesday 26th March ☐ Thursday 27th March ☐ Friday 28th March

I wish to share with _____

Special requirements _____

E. ABSTRACT SUBMISSION (CLOSES 7TH MARCH)

I am submitting an abstract (maximum 250 words) for

- ☐ David Heaton Memorial Registrar Presentations (Thursday 27th March 1530-1700)
- ☐ Nurses' Free Communications (Friday 28th March 1100-1230)

PAYMENT SUMMARY:

B.	Registration Fees	$ _____
C.	Social Functions	$ _____
D.	Accommodation Full Payment if paying by direct credit or cheque	$ _____
	TOTAL ***(Inclusive of GST)***	**NZ$** _____

Payment can either be made by cheque, payable to '**HSANZ 2014 Conference**', or by direct credit or credit card (MasterCard or Visa). Cheques or bank drafts must be in New Zealand Currency.

Direct credit payments should be deposited to **HSANZ 2014 Conference Account**, held with the ANZ.
Account number: 06 0729 0295325 03. **Please use your name as a payment reference.**

CREDIT CARD AUTHORISATION AND AUTHORITY TO PROVIDE CARD DETAILS TO HOTELS TO GUARANTEE ACCOMMODATION:

Please charge my credit card for $ _____

MasterCard ☐ Visa ☐ (Please note other cards not accepted)

Please print clearly.

Card Number: _____ Expiry Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

Date: _____

Please forward completed registration form with payment to the Conference Secretariat:
SP Conference Management
PO Box 4400, Palmerston North 4442, New Zealand
Fax: 06 357 1426, Tel: 06 357 1466, website: www.spconferences.co.nz
Conference Manager: Sue Peck, sue@spconferences.co.nz