2018 ANNUAL SCIENTIFIC MEETING

New Zealand and Australian Associations of Musculoskeletal Medicine

Addressing Musculoskeletal Issues in the Young
All health professionals welcome

4-7 October, Heritage Hotel, Auckland.

Title [Prof/Dr/Mr/Mrs/Ms/Miss] First Name.....Family Name.....

Institution/Organisation.....

Position Held.....

Contact Address.....

City.....Postcode.....

Mobile.....Phone.....Email Address .....

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

.....

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

SECTION A - REGISTRATION FEES (Inc of 15% GST)

	Earlybird on or before 01/09/2018	Full fee after 01/09/2018
AFMM/NZAMM Thursday 4th retreat (all delegates welcome)	☐ $250.00	☐ $300.00
Assoc Members - NZAMM, AAMM, AFMM		
Full Registration (Inc of all functions)	☐ $980.00	☐ $1080.00
One Day only registration (NO social functions included)	☐ $600.00	☐ $650.00
(Please circle day of attendance) Fri Sat		
Half Day Sunday registration (NO social functions included)	☐ $400.00	☐ $450.00
Non Member Doctors		
Full Registration (Inc of all functions)	☐ $1080.00	☐ $1180.00
One Day only registration (NO social functions included)	☐ $700.00	☐ $750.00
(Please circle day of attendance) Fri Sat		
Half Day Sunday registration (NO social functions included)	☐ $450.00	☐ $500.00
Allied Health Professionals and Registrar Doctors		
Full Registration (Inc of all functions)	☐ $900.00	☐ $1000.00
One Day only registration (NO social functions included)	☐ $600.00	☐ $650.00
(Please circle day of attendance) Fri Sat		
Half Day Sunday registration (NO social functions included)	☐ $400.00	☐ $450.00

Concurrent Session Workshop Choices - You may select 1 choice for each session

(Please circle the number relating to the workshop you wish to attend in the programme.

Friday	Session 1 Workshops	1330 – 1500	1a	1b	1c	1d
Saturday	Session 2 Workshops	1400 – 1530	2a	2b	2c	2d
Sunday	Session 3 Workshops	1100 – 1230	3a	3b	3c	3d

SECTION B - SOCIAL PROGRAM

Catering cannot be guaranteed unless you complete this section.

Pre Conference Tour - Wednesday 3rd October (NOT included in registration fees)

I require.....tickets at NZ$150.00 each $.....Name of Partner (if applicable).....

Welcome Reception - Thursday 4th October, Heritage Hotel Auckland (included in full registration)

☐ Yes I will be attending ☐ No I will not be attending

I require.....tickets at NZ$35.00 each $.....Name of Partner (if applicable).....

Conference Dinner - Friday 5th October, Heritage Hotel Auckland.

☐ Yes I will be attending ☐ No I will not be attending

I require.....tickets at NZ$90.00 each $.....Name of Partner (if applicable).....

Section B Total $.....

Register Online at http://www.spconferences.co.nz/nzamm-2018.html

RNZCUC ROYAL NEW ZEALAND COLLEGE OF URGENT CARE

The Royal New Zealand College of General Practitioners Endorsed CPD Activity

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SECTION C - ACCOMMODATION

Please include payment for all accommodation nights when registering and this will be forwarded to Heritage Auckland on your behalf. Delegates are to finalise their own incidental accounts on departure. For other accommodation choices please visit www.wotif.com to make your own booking.

Heritage Hotel Auckland

☐ Superior Rooms $209 ☐ Deluxe Suite $239 ☐ Exec 1 Bedroom Suite $269

Nights Required

☐ Wednesday 3rd ☐ Thursday 4th ☐ Friday 5th ☐ Saturday 6th ☐ Sunday 7th

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 - POSTERS

Abstracts in poster form will be accepted and displayed during conference.

☐ Yes, I would like to submit an abstract poster

Title of Abstract.....

REMITTANCE

GST 029-308-085

Section A - Registration $.....

Section B - Social Programme $.....

Section C - Accommodation (paid in full) $.....

Total $.....

- **Credit Card** - please indicate

☐ Visa ☐ Mastercard

Credit Card Number.....Card Verification Num.....

Expiry Date.....Amount to Charge $.....

Cardholders Name..... Cardholders Signature.....

- **Direct Credit**

SP Conference Management will email an invoice on receipt of your registration. The invoice will contain bank account details for direct credit payments ☐

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 this registration form to:-

SP Conference Management
PO Box 4400, Palmerston North 4442, New Zealand
Email: sue@spconferences.co.nz
Tel: +64 6 3571466