

NZATS / ASAPO Registration Form

First Name (for Badge) Family Name.....

Hospital Name.....

Member Non Member Membership Number:.....

Postal Address

City Phone

Mobile..... Email

Special dietary requirements

Registration fee - Full Registration (*incl GST*) NZ\$.....

	<i>By 30 Sept</i>	<i>From 1 Oct</i>
<input type="checkbox"/> Member - Full Registration	NZ\$550	NZ\$650
<input type="checkbox"/> Non-Member - Full Registration	NZ\$650	NZ\$750

I will / will not attend the following (included in Full Registration)

Education Meeting Friday	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Workplace Assessors Meeting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Welcome function Friday evening	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Conference Dinner Saturday evening	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Registration fee – One Day Registration (tick which day) (*incl GST*) NZ\$.....

	<i>By 30 Sept</i>	<i>From 1 Oct</i>
<input type="checkbox"/> Saturday	NZ\$225	NZ\$250
<input type="checkbox"/> Sunday	NZ\$225	NZ\$250
<input type="checkbox"/> Monday	NZ\$125	NZ\$150

Accommodation

- Hotel Grand Chancellor (conference venue)
 - Standard at NZ\$168
 - Superior at NZ\$219
- Hotel So
 - Double at NZ\$101.20
 - Premium at NZ\$111.42
- YMCA
 - Single at NZ\$85
 - Double at NZ\$95



NZATS
New Zealand Anaesthetic Technician Society Inc.



The Australasian Society of
Anaesthesia Paramedical Officers

"A Walk In The Park ?"

Christchurch, New Zealand
November 19th-22nd 2010

Arrival Date..... Departure Date.....

- Use Credit card details as hotel booking guarantee
- Prepay in full

NZ\$.....

TOTAL TO PAY NZ\$.....

The Privacy Act 1993 requires that, before your name and address details can be published in the list of delegates either for distribution to fellow delegates, or any other party, you must give consent. If you DO NOT wish your name and details to be included in the list of Conference attendees, please tick .

Payment Options

- Direct Credit: BNZ, Papanui 02 0816 0351348 002. Swift no: BKNZLN22. Bank Account Name: The Conference Team – NZATS / ASAPO Conference. Please email remittance advice to joanne@conferenceteam.co.nz
- Cheque enclosed (payable to The Conference Team NZATS ASAPO Conference)
- Invoice
- Mastercard / Visa

Cardholders Name

Card Number

Expiry Date..... Cardholders Signature

Please complete and return to below. Confirmation will follow.

NZATS / ASAPO Conference 2010, C/O The Conference Team, PO Box 20-051, Christchurch, 8543
Fax: 03 359 2602 Phone: 03 359 2600 Email: marg@conferenceteam.co.nz