

Registration Form

CAA Seminar

Convention Centre - Rotorua

Thursday 11 June 2009 – Time 13:30 to 17:30

First names:

Surname:

Practice Address:

Work Phone:

Fax:

Mobile:

Email:

Topic suggestions:

Signature:

Please return to:

Central Medical Unit

Fax: +64-4-560 9470, or email: med@caa.govt.nz.