

GP CME CONFERENCE 2010 REGISTRATION FORM

General Practice Conference & Medical Exhibition | 10-13 JUNE 2010

PERSONAL DETAILS

Title: Miss / Mrs / Ms / Mr / Dr / Prof / Assoc Prof

First Name: _____ Surname: _____

Company / Clinic Name: _____

Clinic location: City/Town _____

Preferred Contact Address: Street _____

Suburb _____ Country _____

City/Town _____ Post Code _____

Email: _____

Yes, I would like to receive email updates regarding products and special offers from attending industry exhibitors

Phone Bus: _____

Fax: _____

Mobile: _____

Special requests: (ie dietary requests, disabilities, etc) _____

Additional Attendees: Title, First Name, Last Name _____

CANCELLATION POLICY: Cancellations can only be received in writing, and incur a loss of 50% of registration fees within 21 days of the conference commencing. Later cancellations forfeit registration fees paid. Any other refunds are at the discretion of the organisers.

PRIVACY: The contact information supplied on the registration form will be distributed to the attending industry sponsors. Please tick this box if you do not wish to be included on this list.

REGISTRATION FEES (GST Inclusive - NZD)

Delegate NZMA Members (All Days) \$695 \$ _____
 Delegate Non-Member (All Days) \$845 \$ _____
 DVD of Conference (Fri-Sun - Main Sessions) ... \$ 75 \$ _____
 Less early bird discount if booked before Monday 05 April Deduct \$100.00
 GP Registrar (All Days) \$250 \$ _____
 Student (All Days) \$125 \$ _____
 Company Reps..... \$375 \$ _____
 Practice Manager All or Friday only \$175 \$ _____
 Practice Nurse All or Saturday only \$125 \$ _____
 Spouse (non medical) \$125 \$ _____

Or Daily Registration

Friday \$400 Saturday \$400 Sunday \$250 \$ _____
 Late Registration Fee if booked after Friday 28 May \$ 50.00

Optional Registration

MPS & MAS Cocktail Function No. \$ **No Fee**
 MSD Symposium No. \$ **No Fee**
 Eli Lilly Breakfast Session No. \$ **No Fee**
 Medical Assurance Society Golf Classic No. @ \$65 \$ _____
 Conference Dinner No. @ \$95 \$ _____
 Fertility Associates Breakfast Session No. \$ **No Fee**

TOTAL REGISTRATION FEE (TOTAL A) \$ _____

PRE-CONFERENCE WORKSHOPS - Thursday 10 June

NZMA Member Thursday \$350 \$ _____
 Non Member Thursday \$450 \$ _____
 Surgical Skills Course Supplementary Fee \$250 \$ _____
 Nurse Thursday \$120 \$ _____
 Level 7 NZRC Course (Includes Manual) \$450 \$ _____
TOTAL PRE-CONFERENCE WORKSHOP FEE (TOTAL B) \$ _____

Please indicate your preferred workshop option number for each time slot.

8:30am 11:00am 2:00pm 4:30pm

EMERGENCY RESUSCITATION FOR GPs (Level 5)

I wish to attend the following course (Limit 12 people) @ \$185 per person

Fri AM Fri PM Sat AM Sat PM

EMERGENCY RESUSCITATION FEE (TOTAL C) \$ _____

CONCURRENT WORKSHOP OPTIONS

Please indicate your preferred workshop option number for each time slot. Please note numbers are restricted with spaces allocated when registration received. Tickets required for entry.

Fri 2:00pm 4:00pm Sat 8:30am 9:30am
 Sat 11:00am 12:00pm 2:00pm 3:00pm 4:30pm
 Sun 8:30am 9:25am

ACCOMMODATION AVAILABLE

Arrival Date _____ June Departure Date _____ June

Millennium Hotel Rotorua (5 mins walk)

Standard Room (twin beds) _____ nights x \$135 \$ _____
 Premium Room _____ nights x \$165 \$ _____
 Premium Lake View Room _____ nights x \$185 \$ _____
 Deluxe Club Room - 5th Floor _____ nights x \$195 \$ _____

Sudima Hotel Rotorua (5 mins walk)

Standard Room (1-2 people) _____ nights x \$130 \$ _____

Novotel Hotel Rotorua (15 mins walk)

Superior Room (1-2 people) _____ nights x \$155 \$ _____
 Lake View Room (1-2 people) _____ nights x \$185 \$ _____

Princes Gate Hotel (5 mins walk)

Classic Room (1-2 people) _____ nights x \$140 \$ _____
 2 B/room Apartment (4 people) _____ nights x \$220 \$ _____

TOTAL ACCOMMODATION FEE (TOTAL D) \$ _____

A+B+C+D = TOTAL ENCLOSED (GST Inc) \$ _____

PAYMENT DETAILS GST Tax Invoice Number 95-598-579

I authorise Conference Matters to charge my Visa/Mastercard/AMEX/Diners as detailed below, with the amount of \$ _____

Card Number:

Card expiry date ____/____/____ Date ____/____/____

Print Cardholder's Name _____

Cardholder's Signature _____

Cheque: \$ _____ (NZD) payable to: Conference Matters.

Direct Credit 12-3099-0826112-000 Ref: Surname GPCME

Return this form to Conference Matters, Fax +64 (0)9 437 4089 or post to PO Box 1661, Whangarei, New Zealand

All Enquiries to Leon +64 (0)21 164 3815 or leon@conferencematters.co.nz