

# GP CME SOUTH 2010 REGISTRATION FORM

General Practice Conference & Medical Exhibition | 6-8 August 2010

## PERSONAL DETAILS

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

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone Bus: \_\_\_\_\_

Company / Clinic Name: \_\_\_\_\_

Fax: \_\_\_\_\_

Clinic location: City/Town \_\_\_\_\_

Mobile: \_\_\_\_\_

Preferred Contact Address: Street \_\_\_\_\_

Special requests: (ie dietary requests, disabilities, etc) \_\_\_\_\_

Suburb \_\_\_\_\_ Country \_\_\_\_\_

City/Town \_\_\_\_\_ Post Code \_\_\_\_\_

Email: \_\_\_\_\_

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

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 Wednesday 30 June Deduct \$ 100.00

GP Registrar (All Days) ..... \$250 \$ \_\_\_\_\_

Student (All Days) ..... \$125 \$ \_\_\_\_\_

Exhibitor Registration ..... \$375 \$ \_\_\_\_\_

Speaker registration ..... \$ No Fee

Practice Manager ..... \$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 23 July \$ 50.00

### Optional Registration

Medtech Breakfast Session No. .... \$ No Fee

MPS & MAS Cocktail Function No. .... \$ No Fee

AstraZeneca Symposium No. .... \$ No Fee

NZMA Breakfast Session No. .... \$ No Fee

Conference Dinner No. .... @ \$95 \$ \_\_\_\_\_

GlaxoSmithKline Breakfast Session No. .... \$ No Fee

**TOTAL REGISTRATION FEE (TOTAL A) \$ \_\_\_\_\_**

## EMERGENCY RESUSCITATION FOR GPs (Level 5)

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

Fri AM  Fri PM

**LEVEL 5 EMERGENCY RESUSCITATION FEE (TOTAL B) \$ \_\_\_\_\_**

## EMERGENCY RESUSCITATION FOR GPs (Level 7)

I wish to attend the following course (Limit 12 people)

9.00am Saturday 7 August (8 Hours)

Level 7 NZRC Course (Includes Manual) ..... \$550 \$ \_\_\_\_\_

**LEVEL 7 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  11:00am  12:00pm  2:00pm

3:00pm  4:30pm  5:30pm

Sat  8:30am  11:00pm  12:00pm

2:00pm  3:00pm

Sun  8:30am  9:30am

## ACCOMMODATION AVAILABLE

Arrival Date \_\_\_\_\_ August - Departure Date \_\_\_\_\_ August

Hotel Grand Chancellor - 161 Cashel Street, Christchurch

Standard Room (twin beds) \_\_\_\_\_ nights x \_\_\_\_\_ \$140 \$ \_\_\_\_\_

Executive Room \_\_\_\_\_ nights x \_\_\_\_\_ \$160 \$ \_\_\_\_\_

Chancellor King \_\_\_\_\_ nights x \_\_\_\_\_ \$170 \$ \_\_\_\_\_

Executive Chancellor King \_\_\_\_\_ nights x \_\_\_\_\_ \$190 \$ \_\_\_\_\_

**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 SOUTH

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