ROTORUA GP CME 2012 REGISTRATION FORM

Rotorua Energy Events Centre | 07-10 June 2012 | www.gpcme.co.nz

PERSONAL DETAILS

Title: Miss / Mrs / Ms / Mr / RN / 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)	$ 95	$_____
Less early bird discount if booked before Monday 02 April Deduct		$ 100.00
GPEP1 Registrar (All Days)	$250	$_____
GPEP2 Registrar (All Days)	$375	$_____
Student (All Days)	$125	$_____
Exhibition Attendees	$345	$_____
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 25 May $ 50.00

Optional Registration

ACC Breakfast Session	No.	$ No Fee
MAS & NZDF Welcome Cocktails	No.	$ No Fee
MSD Symposium	No. FULL	$ No Fee
Eli Lilly Breakfast Session	No. FULL	$ FULL
MAS Golf Classic	No. ..... @ $65	$_____
Conference Dinner	No. ..... @ $95	$_____
GlaxoSmithKline Breakfast Session	No. FULL	$ No Fee

TOTAL REGISTRATION FEE (TOTAL A) $_____

PRE-CONFERENCE WORKSHOPS - Thursday 07 June

NZMA Member Thursday	$350	$_____
Non Member Thursday	$450	$_____
Surgical Skills Course Supplementary Fee	$325	$_____
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 FULL ☐ Fri PM FULL ☐ Sat AM ☐ Sat PM ☐ Sun AM

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 ____11am ____ 12pm ____ 2pm ____ 3pm ____ 4:30pm ____ 5:20pm

Sat ____8:30am ____9:30am ____11am ____12pm ____2pm ____3pm ____4:30pm

Sun ____ 8:30am ____9:25am Office use only ☐

ACCOMMODATION AVAILABLE

Arrival Date _____ **June** **Departure Date** _____ **June**

Special Requirements/ Comments _____

_____

_____

Millennium Hotel Rotorua (5 mins walk)

~~Premium Room~~	~~_____ nights x~~	~~$165~~	$ FULL
~~Premium Lake View Room~~	~~_____ nights x~~	~~$185~~	$ FULL
~~Deluxe Club Room - 5th Floor~~	~~_____ nights x~~	~~$215~~	$ FULL

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~~	~~$145~~	$ FULL
Lake View Room (1-2 people)	_____ nights x	$175	$_____

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 ROTGPCME

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