SOUTH GP CME 2011 REGISTRATION FORM

Dunedin Town Hall | 28-31 July 2011 | www.gpcme.co.nz/south

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**	$_____
DVD of Conference (Fri-Sun - Main Sessions)	**$ 75**	$_____
Less early bird discount if booked before Tuesday 31 May	Deduct	$ 100.00
GPEP1 Registrar (All Days)	**$250**	$_____
GPEP2 Registrar (All Days)	**$375**	$_____
Student (All Days)	**$125**	$_____
Exhibitor	**$375**	$_____
Practice Manager All ☐ or Saturday 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 01 July $ 50.00

Optional Registration

ACC Breakfast Session	No.	$ No Fee
MAS & MPS Cocktail Function	No.	$ No Fee
Eli Lilly Symposium	No.	$ No Fee
GlaxoSmithKline Breakfast Session	No.	$ No Fee
Conference Dinner	No. ..... @ $95	$_____
Sunday Breakfast Session	No.	$ No Fee

TOTAL REGISTRATION FEE (TOTAL A) $_____

PRE-CONFERENCE WORKSHOPS - Thursday 28 July

NZMA Member Thursday	**$350**	$_____
Non Member Thursday	**$450**	$_____
Surgical Skills Course Supplementary Fee	**$175**	$_____
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.

Content is repeated not part 1 and 2 unless otherwise stated.

☐ **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**

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 ☐ 11:00am ☐ 12:00pm ☐ 2:00pm ☐ 3:00pm ☐ 4:30pm

Sun ☐ 8:30am ☐ 9:25am

ACCOMMODATION AVAILABLE

Arrival Date _____ **July** **Departure Date** _____ **July**

Special Requirements/ Comments _____

_____

_____

_____

_____

_____

Scenic Hotel Dunedin City (3 min walk)

Standard Room (1-2 people)	_____ nights x _____ $155	$_____
Superior Room (1-2 people)	_____ nights x _____ $165	$_____
Executive Room (1-2 people)	_____ nights x _____ $185	$_____

Scenic Hotel Southern Cross (4 min walk)

Superior Room (1-2 people)	_____ nights x _____ $165	$_____

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 STHGPCME

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