NZSSA CONFERENCE REGISTRATION FORM
Wellington 7, 8 & 9 October 2009

Surname: _____ First Name: _____

Hospital / Company: _____

Contact Address: _____

_____

Designation for name tag:_____

Daytime Phone: _____ Email: _____

Do you have any special food requirements eg? (Diabetic, Gluten free, Vegetarian) Please state your requirements:

Registration Details		
2 Day Registration	$ 290.00	$_____
1 Day Registration Circle Day Attending	$ 160.00 Thursday / Friday	$_____
½ Day Registration Circle Day Attending	$ 70.00 Thursday am / pm, Friday am / pm	$_____
Conference Dinner	$ 67.50	$_____
Partner Attending Dinner YES / NO	$ 67.50	$_____
AGM Breakfast (no extra charge, must be a NZSSA member to attend)		YES / NO
TOTAL:		$_____

Payment methods:

Cheque:

- Cheques to be made payable to: NZSSA Conference 2009

Electronic Transfer:

- Must provide a surname in the reference field so we can match to Registration form
- Can print off a copy of the transaction and enclose with the Registration form
- **Transfer to Westpac NZSSA Conference Account 03 0156 0173557 – 01**

Registration Forms and Payment or details of payment should be sent to:

Alison Stewart
Sterile Services
Private Bag 7902
Wellington South

Ph. (04) 806 0193 or 027 285 6524
Fax. (04) 806 0197
Email: alison.stewart@ccdhb.org.nz

Closing Date for Registration: 31 August 2009 **No Registrations accepted after 11 September 2009**
Late Registration Penalty Fee: $50
Cancellations will be accepted until 18 September but a 25% fee will apply. After this date no money will be refunded.

All conference delegates must arrange their accommodation bookings directly with the Hotel, Motel, or Backpackers of their choice