NZSSA CONFERENCE REGISTRATION FORM

QUEENSTOWN 19, 20, 21 November 2008

Surname:_____ First Name:_____
Hospital/Company:_____
Address:_____
_____
Designation:_____
Daytime Phone:_____ Email:_____

Are you a Graduate: YES/NO
Flight Arrival Time:_____ Departure date:_____
Do you have special food requirements eg. Diabetic, Gluten free, Vegetarian? Please state your requirements:

Accommodation
All conference delegates must arrange their own accommodation bookings directly with the Hotel or Motel of their choice.

Registration Details		
2 Day Registration	$ 240	$_____
1 Day Registration:	$ 120	$_____
Circle Day Attending	Thursday/Friday	
½ Day Registration	$ 60	$_____
Circle Day Attending	Thursday am/pm, Friday am/pm	
Graduation Dinner	$ 60	$_____
Thursday Night		
Partner Attending Graduation Dinner YES/NO	$ 60	$_____
TOTAL:		**$_____**

Payment Methods

- Cheques should be made payable to: NZSSA Conference 2008
  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 2008 03 1745 010181 200**

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

Marilyn Clark
Sterile Services
Southland Hospital
Kew Road
Invercargill
ph. (03) 2181949 ext 8644
fax; (03) 214 5784
email: marilyn.clark@sdhb.govt.nz

Closing Date for Registration : 3 October 2008 No Registrations accepted after 10 October 2008
Late Registration Penalty Fee : $ 50
Cancellations will be accepted until 31 October but a 25% fee will apply. After this date no money will be refunded.