

# NZATS / ASAPO Registration Form

First Name (for Badge) ..... Family Name .....

Hospital Name .....

☐ Member ☐ Non Member Membership Number: .....

Postal Address .....

City ..... Phone .....

Mobile ..... Email .....

Special dietary requirements .....

## Registration fee - Full Registration (incl GST)

(includes conference dinner)

☐ Member - Full Registration

☐ Non-Member - Full Registration

**By 30 Sept**

NZ\$550

NZ\$650

**From 1 Oct**

NZ\$650

NZ\$750

NZ\$ .....

## I will / will not attend the following (included in Full Registration)

Education Meeting Friday

☐ YES

☐ NO

Workplace Assessors Meeting

☐ YES

☐ NO

Welcome function Friday evening

☐ YES

☐ NO

Conference Dinner Saturday evening

☐ YES

☐ NO

## Registration fee – One Day Registration (tick which day) (incl GST)

☐ Saturday

☐ Sunday

☐ Monday

**By 30 Sept**

NZ\$225

NZ\$225

NZ\$125

**From 1 Oct**

NZ\$250

NZ\$250

NZ\$150

NZ\$ .....

## Accommodation

☐ Hotel Grand Chancellor (conference venue)

☐ Standard at NZ\$168

☐ Superior at NZ\$219

☐ Hotel So

☐ Double at NZ\$99

☐ Premium at NZ\$109

☐ YMCA

☐ Single at NZ\$85

☐ Double at NZ\$95



**NZATS**  
New Zealand Anaesthetic Technician Society Inc.



The Australasian Society of  
Anaesthesia Paramedical Officers

**"A Walk In The Park ?"**

Christchurch, New Zealand  
November 19th-22nd 2010

Arrival Date ..... Departure Date .....

☐ Use Credit card details as hotel booking guarantee

☐ Prepay in full

NZ\$ .....

**TOTAL TO PAY NZ\$ .....**

The Privacy Act 1993 requires that, before your name and address details can be published in the list of delegates either for distribution to fellow delegates, or any other party, you must give consent. If you DO NOT wish your name and details to be included in the list of Conference attendees, please tick ☐.

## Payment Options

☐ **Direct Credit:** BNZ, Papanui 02 0816 0351348 03. Swift no: BKNZNZ22. Bank Account Name: The Conference Team – NZATS / ASAPO Conference. Please email remittance advice to joanne@conferenceteam.co.nz

☐ **Cheque** enclosed (payable to The Conference Team NZATS ASAPO Conference)

☐ **Invoice**

☐ **Mastercard / Visa**

Cardholders Name .....

Card Number .....

Expiry Date ..... Cardholders Signature .....

Please complete and return to below. Confirmation will follow.

NZATS / ASAPO Conference 2010, C/O The Conference Team, PO Box 20-051, Christchurch, 8543

Fax: 03 359 2602 Phone: 03 359 2600 Email: marg@conferenceteam.co.nz