



Riding the wave Health in the Pacific Region

Pasifika Medical Association Conference
22 - 24 October 2008
Auckland - New Zealand

Registration Form

Delegate Information

Surname _____

Title (Dr/Mr/Mrs/Ms/Prof) _____

First Name (for name badge) _____

Ethnicity _____

Organisation/Company _____

Position _____

Postal Address _____

City/Town _____

Country _____

Post Code (Mandatory – www.nzpost.co.nz) _____

Telephone (____) _____

Mobile (____) _____

Facsimile (____) _____

Email _____

(please note: if you provide an email address your confirmation will be emailed to you).

Special requirements e.g. dietary, disabilities etc.

Please complete this form, take a copy for your records and forward it to:
Pasifika Medical Association Conference
C/- Event Link Ltd
PO Box 13 437
Christchurch 8141, New Zealand
Fax: 64 3 379 0460

Accommodation

Check the website for options and links: www.pacifichealth.org.nz

Registration Fees

Please Note: Registration must be accompanied by **FULL PAYMENT**

	Prior to Fri 10 Oct (NZ\$)	From Sat 11 Oct (NZ\$)	
Symposium Only (22 nd Oct) No Charge		No Charge	
<i>(limited numbers apply, social functions not included)</i>			

yes I will be attending

no I will not be attending

Full Conference (22-24 Oct – includes Symposium)

Each full registration includes one ticket to the Cocktail Function and the Conference Dinner

Member (paid up)	\$350	\$450	\$ _____
Non Member	\$400	\$500	\$ _____
Day Registration (no social functions)	\$150	\$200	\$ _____

Please indicate day attending:

Thu 23 Oct Fri 24 Oct

Student Registration \$50 \$60 \$ _____

(evidence of full-time study status will be required)

Registration Fees Sub Total **\$NZ _____**

(Inclusive of Goods & Services Tax)

Name for name badge (if different from above)

To register on-line: www.pacifichealth.org.nz

Tax Invoice - GST No. 68 572 193

One form per delegate

Social Functions

Cocktail Function (Wed 22 Oct) No. of Tickets

(note that one ticket to this function is included in the Full Registration category)

To assist with catering numbers please indicate if you are attending.

yes I will be attending

no I will not be attending

yes I would like to purchase additional

Ticket(s) _____ @ x \$50 Each \$ _____

Conference Dinner (Thurs 23 Oct)

(note that one ticket to this function is included in the Full Conference Registration Fee)

To assist with catering numbers please indicate if you are attending.

yes I will be attending

no I will not be attending

yes I would like to purchase additional

Ticket(s) _____ @ x \$100 each \$ _____

Social Functions Sub Total **\$NZ _____**

(Inclusive of Goods & Services Tax)

Payment summary

Registration fees sub total \$ _____
Social functions sub total \$ _____
Total payment enclosed \$ _____

- I wish to pay my registration by cheque, made payable to Pasifika Medical Association Conference
- I wish to pay my registration by invoice, purchase order no: _____
- I wish to pay my registration by direct credit: Pay to 12 3086 0178451 01 and will use delegate's last name and invoice number in the payment reference.
- I wish to pay my registration by credit card
 - visa
 - Mastercard

Credit Card

Name of cardholder: _____

Card number:

□□□□ □□□□ □□□□ □□□□

Card expiry date: _____

Signature: _____

Date: _____

Billing address (if different to delegate's address)

How to Register



Mail this completed form together with your cheque or credit card payment to:
Event Link Ltd Ltd, PO Box 13-437
Christchurch 8141



Visit the website **www.pacifichealth.org.nz**, click on 'Conference 2008' and follow the link to the online registration form.



Fax this completed form (both sides) together with your credit card payment to: Conference Innovators +64 3 379 0460

Cancellation Policy:

Should you need to cancel your registration, you may reassign your registration to another person. Please notify the Conference Manager in writing.

If you are unable to arrange a replacement, a refund less a \$100 cancellation fee will be made provided notification is received by Friday, 19 September 2008. After that date, refunds will be at the discretion of the Organising Committee.

If, for reasons beyond the control of the Organising Committee, the conference is cancelled, registration fees will be refunded after deduction of expenses already incurred

Privacy

The information supplied on this registration form will be shared and used by Pasifika Medical Association Conference. 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 your consent. Unless you advise Conference Innovators (see below) your name and organisation will be included in the list of conference participants distributed to delegates and sponsors.

- Please indicate if you DO NOT wish your name and details to be included in the list of participants.

