



**REGISTRATION FORM**

**DELEGATE DETAILS:**

*Please complete this form and take a copy for your records*

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please enter your name as it should appear on your badge: \_\_\_\_\_

Organisation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Postal Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Special requirements:  
 Dietary, mobility, etc: \_\_\_\_\_

**Privacy**

The Privacy Act 1993 provides that your name and contact details cannot be published in the list of conference delegates for distribution to fellow delegates, exhibitors or any other party without your consent.

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

**Workshops**

Workshops are included in the registration fees. Please indicate your attendance at these workshops for seating and catering purposes.

- Wednesday, Nurses: Presenting Workshop, 13.15 – 15.00       Wednesday, Nurses: Hepatitis Workshop, 16.15 – 17.25  
 Thursday, Nurses: Practical Equipment Workshop, 13.45 – 14.45       Thursday, Nurses: IBD Nurses Workshop, 15.30 – 17.10  
 Thursday, Research Nurses Workshop, 13.45 – 14.45       Thursday, PillCam Breakfast Meeting, 8.00 – 9.00

**Registration Fees:** Please note: Early Bird Registration must be accompanied by FULL PAYMENT.

	<b>Early Bird</b>	<b>Standard</b>		<b>Early Bird</b>	<b>Standard</b>
<b>Full Registration</b>	<b>Prior to 30 Sept</b>	<b>from 1 Oct</b>	<b>One Day Registration</b>	<b>Prior to 30 Sept</b>	<b>from 1 Oct</b>
<input type="checkbox"/> NZSG Member	\$720.00	\$820.00	<input type="checkbox"/> NZSG Member	\$380.00	\$480.00
<input type="checkbox"/> NZSG Non-Member	\$760.00	\$870.00	<input type="checkbox"/> OMSANZ Member	\$380.00	\$480.00
<input type="checkbox"/> Registrar Package (includes Dinner)	\$710.00	\$810.00	<input type="checkbox"/> NZSG Non-Member	\$435.00	\$535.00
<input type="checkbox"/> Nurse (includes Dinner)	\$435.00	\$535.00	<input type="checkbox"/> Registrar	\$280.00	\$380.00
<input type="checkbox"/> Health Professional	\$435.00	\$535.00	<input type="checkbox"/> Nurse	\$250.00	\$300.00
			<input type="checkbox"/> Health Professional*	\$250.00	\$300.00

**Please indicate Day attending:**

Wed  Thurs  Fri (combined NZSG/OMSANZ meeting)

**Half Day Registration**

<input type="checkbox"/> NZSG Member	\$190.00	\$240.00
<input type="checkbox"/> NZSG Non-Member	\$215.00	\$265.00
<input type="checkbox"/> Registrar	\$140.00	\$190.00
<input type="checkbox"/> Nurse	\$125.00	\$150.00
<input type="checkbox"/> Health Professional*	\$125.00	\$150.00

**Half Day** Wednesday AM  PM  Thursday AM  PM  Friday AM  PM

**Registration Fees Sub Total** (Inclusive of Goods & Services Tax) \$ \_\_\_\_\_

**CHARITY FUN RUN - 5KM Run or Walk for Crohn's and Colitis NZ** - Proudly sponsored by Abbott Laboratories

Thursday 24<sup>th</sup> November. – 7AM (a light breakfast will follow)

\$20.00 per entry

YES. I would like to do the fun run. I will Run 5km  I will Walk 5km

**TSHIRT SIZE:** Small  Medium  Large

No, I will not do the Fun Run. I would like to donate \$5  \$10  \$20.

**Social Functions** (please indicate your attendance)

**Wednesday 23<sup>rd</sup> November – Welcome Function, 5.30pm**

Included in full delegate registration fee

Yes, I wish to attend the Welcome Function

No, I do not wish to attend the Welcome Function

Additional tickets may be purchased for partners \$57.50 (inc GST).

No. required \_\_\_\_\_ **Total \$** \_\_\_\_\_

**Wednesday 23<sup>rd</sup> November – NZSG Doctors Dinner, 7.00pm**

(This dinner is available for NZSG members only)

Costs are covered by the sponsors. Additional tickets are not available

Yes, I wish to attend the NZSG Doctors Dinner

No, I do not wish to attend the NZSG Doctors Dinner

**Wednesday 23<sup>rd</sup> November – Nurses Dinner, 7.00pm**

(This dinner is available for NZGNS members only)

Costs are covered by the sponsors. Additional tickets are not available

Yes, I wish to attend the Nurses Dinner

No, I do not wish to attend the Nurses Dinner

**Thursday 24<sup>th</sup> November - Conference Dinner, 7.30pm**

Costs are not included in the registration fee except for the Full nurses registration and Registrars Package

No, I do not wish to attend the Conference Dinner

Yes, I am a nurse/registrar & will attend the Conference Dinner

Yes, I wish to attend the Conference Dinner (others)

Tickets may be purchased for \$125.00 (inc GST)

No. required \_\_\_\_\_ **Total \$** \_\_\_\_\_

**Accommodation**

Prices quoted are in New Zealand dollars on a per room per night basis and are inclusive of 15% GST. Please indicate your preference; rooms will be allocated on a first come first served basis. A credit card number must be given before an accommodation booking can be secured.

Scenic Hotel Dunedin City Standard Room \$197.80  Single  Double  Twin

Mecure Leisure Lodge Standard Room \$139.00  Single  Double  Twin

Quality Hotel Cargills  Single Room \$112.00  Twin Room \$119.00  Standard Room \$129.00

If you are sharing a room, please provide the name of the additional person: \_\_\_\_\_

**Accommodation Available for 22<sup>nd</sup>, 23<sup>rd</sup> and 24<sup>th</sup> November.**

Date of arrival: \_\_\_\_\_

Expected Check-In: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

**Payment Summary**

Method of payment:

Cheque: Cheques in NZ\$ payable to Gastro Conference 2011

Please invoice my organisation, refer Order No: \_\_\_\_\_

Direct Credit: 03 0181 0228716-01, Gastro Conference 2011

Credit Card, please enter details below

**Registration Fees**

\$ \_\_\_\_\_

**Social Functions**

\$ \_\_\_\_\_

**Fun Run**

\$ \_\_\_\_\_

**Sub Total (inclusive of GST)**

\$ \_\_\_\_\_

**Total**

\$ \_\_\_\_\_

**Credit Card Authorisation for Registration and Fees above**

Please debit my credit card for \$ \_\_\_\_\_

If paying by credit card, please circle the card to be charged:

MASTERCARD

VISA

**PLEASE NOTE: WE ARE UNABLE TO ACCEPT PAYMENT BY AMEX OR OTHER CREDIT CARDS**

Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiry Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cancellation**

Should you be unable to attend, a substitute is always welcome at no extra charge. Please notify the Registration Administrator in writing. A full refund, less an administration charge of 10%, is given for cancellations received in writing by 30th September 2011. After this date, any refunds will be given at the discretion of the Organising Committee. If the Organising Committee has to cancel the conference, in circumstances beyond their control, all registration fees will be refunded in full