## ANNUAL CARDIOTHORIAC SURGERY MEETING OF AOTEAROA NEW ZEALAND

## **REGISTRATION FORM**





Full Name:(Title)	(First Name)			(Surname)	
(mic)	(institutio)			(Samanie)	
ob Title: Hospit		I	RACS No		
Telephone	Email:				
Name of Partner(if attending)		Children	ages (attending)		
Special Dietary Requirem	ents:				
opena. Dietaily inequire					
REGISTRATION	N FEES:				
		_	No	Ś	$\neg$
Cardiac Surgeon Regis	stration <sup>1</sup>	\$850.00	1.10	<u> </u>	
Anaesthetist Registration <sup>1</sup>		\$750.00			
Perfusionist Registration <sup>1</sup>		\$650.00			
Surgical Registrar Registration <sup>1</sup>		\$600.00			
Nurse Registration <sup>1</sup>		\$450.00			
Partner Registration <sup>2</sup>		\$250.00			
Child Registration <sup>3</sup>		\$75.00			
		1 77 513 5			
TOTAL					
All Delegate Registratio     Lunch, Conference Dinr     Partners Registration in     Children's Registration i	ns cover Tongariro Scientific Meeting I ner. Sunday AM Tea cludes: Friday - Dinner, Saturday - Lunc ncludes Friday Dinner, Saturday Lunch to be organised for children through t	ch and Conference n. Note: Dinner Sat	Dinner		
PAYMENT OPTIONS:					
Direct Credit:	BNZ 02-0108-0561	1934-000 (pı	ut your surnar	ne as reference)	
Credit Card:	Visa or Mastercard	d only			
Name on Card:			(plea	se print)	
Card Number:			Ехрі	ry:	_
Authorise Name:					