

REGISTRATION FORM

16-18 February 2024

The Devon Hotel, New Plymouth



Name:

Position: RACS number:

Hospital:

Mobile: Email:

Name of Partner (if attending):

Name of Children & Age(s) (if attending):

Special Dietary Requirements:

REGISTRATION FEES:

		No	\$
Delegate Registration ¹	\$750.00		
Registrar Registration ¹	\$550.00		
Nurse Registration/MRT/Sonographer ¹	\$350.00		
Partner Registration ²	\$250.00		
Child Registration (3 - 14 yrs) ³	\$75.00		
TOTAL			\$

1. Delegate, Registrar and Nurse Registrations include: VSAoNZ Scientific Meeting & catering Friday to Sunday.
2. Partners Registration includes: Friday Dinner and Saturday Conference Dinner
3. Children's Registration includes Friday Dinner only.
Note: Dinner Saturday night is adults only, so babysitters will need to be organised for children through your hotel.

PAYMENT OPTIONS:

Direct Credit: VSNZ Education Fund
03-0252-0883049-00 (please put your surname as reference)

Credit Card: Visa / Mastercard only - once payment is processed a receipt will be issued

Name on Card: _____ (please print)

Card Number: _____ Expiry: _____

Authorise name: _____

Please return this form to sarah.jonson@obex.co.nz by 7th February 2024.