

Royal Australasian College Of Physicians Annual Scientific Meeting

Hyatt Regency Hotel Auckland, New Zealand
Wednesday 4 – Friday 6 November 2009

Register online www.workz4uconferences.co.nz/racp

Registration Form

GST No. 99-400-129

REGISTRATION DETAILS

Surname: _____ Title: _____ First Name: _____
 Name for Name Badge: _____ Position: _____
 Organisation: _____
 Postal Address: _____
 _____ Post Code: _____ Country: _____
 Tel (daytime): _____ Fax: _____ Mobile: _____
 Email: _____
 Special Requirements (dietary, wheelchair access etc): _____

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

Are you member of: RACP IMSANZ ANZSGM ANZSPM

REGISTRATION FEES

(All prices quoted are in \$NZ and are GST inclusive)

Registration Type	Earlybird (to 31 Aug 09)	Late (from 1 Sep 09)
Full Medical Registration	<input type="checkbox"/> \$850.00	<input type="checkbox"/> \$950.00
One Day Medical Registration		
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$600.00
Full Nurse/Allied Registration	<input type="checkbox"/> \$550.00	<input type="checkbox"/> \$650.00
One Day Nurse/Allied Registration		
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$425.00
REGISTRATION FEE TOTAL		\$ _____

WORKSHOPS

(All prices quoted are in \$NZ and are GST inclusive)

Communication Skills Workshop (limited to 60)

Thursday 5 November, 1330-1700 hours Yes, I will attend No, I will not attend
 No. of tickets required at \$25.00 each _____ **TOTAL \$ _____**

Communication Challenges for Supervisors (limited to 20)

Friday 6 November, 1100-1215 hours Yes, I will attend No, I will not attend
 No. of tickets required at \$50.00 each _____ **TOTAL \$ _____**

WORKSHOP TOTAL \$ _____

SOCIAL FUNCTIONS

(All prices quoted are in \$NZ and are GST inclusive)

Welcome Reception

Yes, I will attend No, I will not attend

Wednesday 4 November, 1730-1900 hours

One ticket to the Welcome Reception is included in full registration

Hyatt Regency Auckland

No. of additional tickets required at \$45.00 each _____

TOTAL \$ _____

ANZSPM Network Dinner Meeting

Yes, I will attend No, I will not attend

Wednesday 4 November, 1900 hours

No. of ANZSPM Members tickets required at \$30.00 each _____

TOTAL \$ _____

Harbourside Restaurant

No. of Partners tickets required at \$60.00 each _____

TOTAL \$ _____

Conference Dinner

Yes, I will attend No, I will not attend

Thursday 5 November, 1900 hours

One ticket to the Conference Dinner is included in full registration

Fale, The University of Auckland

No. of additional tickets required at \$85.00 each _____

TOTAL \$ _____

SOCIAL FUNCTION TOTAL \$ _____

ACCOMMODATION

(All prices quoted are in \$NZ and are GST inclusive)

Prices quoted are on a per night basis and do not include breakfast. To secure your accommodation, you must provide credit card details. Your card details will be passed on to the hotel. Payment is to be made directly with the hotel by the delegate upon checkout. No penalty for cancellations more than 30 days before the first night's accommodation. Cancellations after 5 October 2009 will incur penalties at the discretion of the hotel. All hotels will charge no show fees to your credit card.

Arrival Date: _____ Arrival Time: _____ Departure Date: _____ No. of Nights: _____

Special requirements (smoking, non-smoking etc): _____

Name of delegate/s sharing your room: _____

(only one of the sharing delegates should submit the accommodation booking)

Venue	Tick	Room Type	Early Rate (to 31 Aug 09)	Late Rate (from 1 Sep 09)	Description
Hyatt Regency Auckland Cnr Waterloo Quadrant & Princess Street, Auckland	<input type="checkbox"/>	View Queen	\$170.00	\$210.00	1 queen bed
	<input type="checkbox"/>	View King	\$170.00	\$210.00	2 double beds
	<input type="checkbox"/>	Residence King	\$215.00	\$255.00	1 king bed
Quest on Eden 50-52 Eden Crescent Auckland	<input type="checkbox"/>	Studio Unit	\$150.00		1 king/queen bed or twin beds
	<input type="checkbox"/>	1 Bedroom Unit	\$250.00		2 king/queen beds or twin beds

PAYMENT

(All prices quoted are in \$NZ and are GST inclusive)

Please note your registration fee must accompany the completed registration form. Faxed registrations are acceptable only if payment is by credit card.

To secure my accommodation, please pass my credit card details onto the hotel

REGISTRATION FEE \$ _____

I wish to pay my registration by cheque - payable to "Conference Trust Account"

WORKSHOPS \$ _____

I wish to pay my registration by credit card (debits will appear on your statement as "Workz4U Ltd")

SOCIAL FUNCTIONS \$ _____

Visa Mastercard

TOTAL ENCLOSED \$ _____

Card Number _____

Expiry Date _____/_____/_____

Name of Cardholder _____

Signature _____

Thank you for your registration, please forward your completed registration and payment to the Conference Managers:

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WORKZ4U
conference management

Conference Secretariat

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