

The New Zealand Society for Oncology Conference 2010 Clinical Trials to Optimise Use of High Cost Medicines 3 - 5 May 2010, The Langham Hotel, Auckland

New Zealand Society for Oncology Conference 2010

REGISTRATION FORM

Tax Invoice - GST Registration Number: 95 059 384

Please complete this form, take a copy for your records and forward it to: NZSO 2010 Conference C/- Conference Innovators Ltd PO Box 13 494 Christchurch 8141 New Zealand Facsimile: +64 3 379 0460

Please make cheques and drafts in New Zealand dollars payable to New Zealand Society for Oncology Conference

Delegate Registration Details

Surname	Title
First Name (for name badge)	
Company / Organisation	Position
Postal Address	
City / Town	State / Province
Country	Post Code
Telephone ()	Mobile ()
Facsimile ()	Email
Special Requirements e.g. dietary, disabilities etc.	
Medical Oncologist Radiation Oncologist	
Registration Fees (all fees include 12.5% GST)	
□Consultant Full (subsidised)	\$1069 (\$950 excl. GST)
□Scientist	\$760 (\$675 excl. GST)
□Registrar	\$664 (\$590 excl. GST)
□Student	\$552 (\$490 excl. GST)
□Full Registration (not subsidised by sponsorship dollar)	\$1519 (\$1350 excl. GST)

NZSO	Day	Regis	trations*	please	indicate	day	below	

Consultant	\$619 (\$550 excl. GST)
□Scientist	\$417 (\$370 excl GST)
□Registrar	\$366 (\$325 excl. GST)
□Student	\$304 (\$270 excl. GST)

and the second second

*Please select which day:

□ Tuesday □ Wednesday

NZNO Registrations

	\$552 (\$490 excl. GST)	
(Tuesday & Wednesday incl. Social Functions)		
Day Registration Tuesday	\$304 (\$270 excl. GST)	
Day Registration Wednesday	\$282 (\$250 excl. GST)	
Clinical Trial Coordinators*		
Monday Only (CTC Meeting Day)		
Full Registration (Monday, Tuesday, Wednesday)	\$552 (\$490 excl. GST)	
Day Registration Tuesday	\$304 (\$270 excl. GST)	
Day Registration Wednesday	\$282 (\$250 excl. GST)	
Exhibitors		
Complimentary (2 per stand)	\$0.00	

Additional Exhibitor

\$332.00

Registration Fees Sub Total A \$_____ (Inclusive of Goods & Services Tax)

Additional Meetings Please indicate if you will be attending the following:

□ Genitourinary Meeting

- □ NZCAS Meeting
- □ NZSO AGM (Members only)
- □ NZNO Cancer Nurses AGM

Additional Sessions

Please indicate if you will be attending the following: □ Fun Run & Breakfast Session Kindly sponsored by: Roche Monday 3 May, 10.15am – 2.00pm Monday 3 May, 2.30pm – 5.00pm Wednesday 17 June 2009, 5.15pm – 6.15pm Wednesday 17 June 2009, 5.15pm – 6.15pm

Tuesday 4 May 6.25am - 7.30am

Social Functions

Roche Welcome Function

Monday 3 May 2010 Great Rooms 2&3, The Langham Hotel One ticket to this function is included in your full registration fee

Yes I will be attending this function
No, I won't be attending this function

Number of additional tickets _____ @ \$50 incl. GST each

GlaxoSmithKline Conference Dinner Tuesday 4 May 2010 Great Room 4, The Langham Hotel One ticket to this function is included in your registration fee

Yes I will be attending this function
No, I won't be attending this function
Number of additional tickets ______ @ \$125 incl. GST each

\$_____

\$_____

\$

Social Functions Sub Total B (Inclusive of Goods & Services Tax)

Accommodation (Room rate includes 12.5% GST)

Please note your credit card details **must be supplied** to secure your accommodation booking (see below). No charges will be debited prior to check out (except late cancellations fees which may be applicable). Accommodation costs can be settled by cash, EFTPOS or credit card on departure.

The Langham H	lotel	Double roo	om	Twin room**		\$202.50 Per room/night
Arrival date / day	·	Dep	arture date /	′ day	Expected check	c in time:
Special Requirer	nents					
** If sharing with	another d	elegate, pleas	e give the pe	erson's name		
Payment Summ Method of payme _ Credit Card: _ Cheque: _ Direct Credit:	ent See belo Cheques Bank Ac Swift coo	s in NZ\$ payab c# 06 0817 31 de is: ANZBNZ	3917 00 (Na 22	w Zealand Societ itional Bank, Papa nd initial as a refer	nui Branch)	Conference
Social F		s (Sub Total A) (Sub Total B) closed		\$ \$ \$		
Credit Card Aut Accommodation deducted from th	bookings				e tick if you wish y	our Registration Fee to be
$_$ Yes, deduct m	y credit ca	ard for my Reg	istration Fee	9.		
_ MasterCard Card number		_ AMEX			_Expiry Date	
Cardholder's Nar	me				_	
Signature					Date	
Privacy						

The information supplied on this registration form will be shared and used by NZSO. The Privacy Act 1993 requires that, before your name and organisation 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 below, your name, organisation and email will be included on the list of Conference delegates distributed at the Conference.

_ Please indicate if you DO NOT wish your details to be included in the list of Conference delegates

Cancellation

Should you need to cancel your registration, you may assign your registration to another person before 9 April 2010, otherwise cancellation fees apply. Please notify the Conference Manager in writing. 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.