



New Zealand Society for Oncology 2012 Conference

James Cook, Grand Chancellor Hotel
2 - 4 May 2012, Wellington

Register online at www.nzsoncology.org.nz or please complete this form, take a copy for your records and forward it to:

NZSO Conference 2012
C/- Conference Innovators
PO Box 7191
Christchurch 8240
T: 03 379 0390
F: 03 379 0460
E: registration@conference.co.nz

Tax invoice GST Number: 95-059-384

All prices quoted are in NZ dollars and are GST inclusive. One registration form per delegate please.

Registration Details

Surname: _____

First name (for name badge): _____ Title: _____

Company/organisation: _____ Position: _____

Postal address: _____

City/town: _____ Postcode: _____

Telephone: (____) _____ Mobile: (____) _____

Fax: (____) _____ Email: _____

Special requirements e.g. dietary, disability assistance, etc

Registration Fees

Please note that early bird registration must be accompanied by FULL PAYMENT.

Full Registrations

- ⁰¹ ☐ Consultants
⁰² ☐ Non Member Other
⁰³ ☐ Scientists
⁰⁴ ☐ NZNO
⁰⁵ ☐ Registrars
⁰⁶ ☐ Students
⁰⁷ ☐ Clinical Trial Coordinators

Early Bird

Prior to 2 April

\$875
\$875
\$440
\$400
\$610
\$295
\$370

Standard

From 3 April

\$970
\$970
\$525
\$450
\$695
\$350
\$455

Day Registrations*

- ⁰¹ ☐ Consultants
⁰² ☐ Non Member Other
⁰³ ☐ Scientists/Nurses/Research Coordinators
⁰⁴ ☐ NZNO
⁰⁵ ☐ Registrars
⁰⁶ ☐ Students
⁰⁷ ☐ Clinical Trial Coordinators (Wed only)

\$490
\$490
\$285
\$250
\$370
\$200
\$70

\$590
\$590
\$370
\$300
\$455
\$200
\$70

*Day registrants:

I will be attending the conference on ☐ Thursday ☐ Friday

Registration fees sub total

\$ _____

Additional Meetings

Please indicate if you will be attending the following:

- ^{M1} ☐ NZACS Meeting
^{M2} ☐ NZSO AGM (Members only)
^{M3} ☐ NZNO Cancer Nurses AGM

Social Functions

Conference Dinner: Thursday 3 May

Please note that one ticket to the Conference Dinner is provided with all full conference registrations, however for catering purposes we ask that you please indicate whether or not you will be attending.

- ⁰¹ ☐ Yes, I will be attending the Conference Dinner
⁰² ☐ No, I will not be attending the Conference Dinner
⁰³ ☐ I would like to purchase _____ additional tickets
@ \$130 per person \$ _____

Social functions sub total \$ _____

Accommodation

- ⁰¹ ☐ James Cook Hotel Grand Chancellor
Terrace Room \$180 per night

Check in date: _____

Approx arrival time: _____

Check out date: _____

Total nights: _____

☐ Double room ☐ Twin room ☐ Shared room, sharing with:

Special requirements ☐ Non-smoking room ☐ Smoking room

☐ Other (please specify): _____

Credit card authorisation for accommodation

Accommodation bookings must be guaranteed with a credit card.

Please circle card type to be charged:

Visa MasterCard AMEX

Card number

Name of cardholder: _____

Signature of cardholder: _____

Date: _____

Expiry date: _____

Payment Summary

Registration sub total \$ _____

Social functions sub total \$ _____

Total payment due \$ _____

- ☐ Cheque enclosed, made payable to NZSO Conference 2012.
Post with this completed form to NZSO Conference 2012,
C/- Conference Innovators, PO Box 7191, Christchurch 8240

- ☐ Credit card, please debit my

☐ Visa ☐ MasterCard ☐ AMEX \$ _____

Card number

Name of cardholder: _____

Signature of cardholder: _____

Expiry date: _____

Billing address (if different to the delegate's address): _____

- ☐ Electronic funds transfer to:

Account name: NZSO Conference Account

Account number: 06 -0817 -0313917-00

SWIFT code: ANZBNZ22

Please ensure that the delegate's last name and initial is included as the payment reference. Remittance advice may be sent via email to registration@conference.co.nz

How to register



Mail this completed form together with your cheque or credit card payment to:

NZSO Conference 2012, C/- Conference Innovators,
PO Box 7191, Christchurch 8240.



Visit the website www.nzsoncology.org.nz click on the registration page and follow the link to the online registration portal.



Fax this completed form (both sides) together with your credit card payment or invoice purchase order to:
Conference Innovators 03 379 0460.

Confirmation of Registration

Your registration will be recorded on receipt of your completed form and payment. A GST receipt or invoice will be sent with a confirmation letter via email within seven days. If you have a registration query, please contact registration@conference.co.nz or call 03 353 2828.

REGISTER ONLINE AT www.nzsoncology.org.nz

Privacy

The information supplied in this registration form will be shared and used by NZSO. The Privacy Act requires that before your name and organisation details can be published in the list of participants either for distribution to fellow delegates or any other party, you must give your consent. Unless you advise Conference Innovators below, your name and organisation details will be included in the list of conference participants distributed to delegates and sponsors.

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

Cancellations

Should you need to cancel your registration, you may reassign your registration to another person. Please notify the conference managers in writing. If you are unable to arrange a replacement, a refund less an administration charge of \$100 + GST will be made provided notification is received by Monday 2 April 2012. After that date, refunds will be at the discretion of the New Zealand Society for Oncology. If, for reasons beyond the control of NZSO, the conference is cancelled, the registration fee will be refunded after deduction of expenses already incurred.