

Combining the Annual Meetings of

SPORTS MEDICINE NEW ZEALAND and **SPORT AND EXERCISE SCIENCE NEW ZEALAND**

Duxton Hotel, Wellington, Thursday 18 November - Saturday 20 November 2010

Registration Form

GST 45-560-325 - this form becomes a tax invoice on completion.

All prices quoted are in New Zealand dollars. GST is applicable for all participants.

Personal Details (one person per form please)

Title First Name Last Name

Profession/Position

Discipline Group/Organisation

Mailing Address

Phone Fax Email

A registration list showing the names/organisations and email addresses of participants will be distributed at registration. If you DO NOT wish your name to be printed on this list, please tick the box.

REGISTRATION FEES - EARLYBIRD DEADLINE 5 PM, 27 SEPTEMBER 2010

1	CONFERENCE + SPORTS PHYSICIANS/DOCTORS DAY (18, 19 and 20 Nov)	\$	\$
	SMNZ Members	550.00	
	Non Members	715.00
2	CONFERENCE + SPORTS PHYSIOTHERAPISTS DAY (18, 19 and 20 Nov)		
	SMNZ Members	550.00	
	Non Members	715.00
3	CONFERENCE (18 and 19 Nov OR 19 and 20 Nov)		
	SMNZ/SESZ Members	450.00	
	Non Members	585.00
4	STUDENT CONFERENCE (18 and 19 Nov Only) NB Students must be full-time and must supply a letter from their Head of School verifying full-time status.		
	SMNZ/SESZ Member	280.00	
	Non Member	365.00
5	DAILY REGISTRATION (18, 19 or 20 Nov)		
	SMNZ/SESZ Member - please specify which day	270.00	
	Non Member - please specify which day	350.00	
6	LATE REGISTRATION		
	This fee applies to ALL registrations received after 5 pm, Friday, 27 September	80.00
<i>Delegates receive access to all sessions, entrance to the Welcome Reception and trade exhibition, lunch, morning/afternoon teas, a satchel and the Programme/Abstract Book.</i>			
7	CONFERENCE DINNER		
	Open to all delegates and accompanying persons. To be held at the Duxton Hotel, Friday, 19 Nov. Cost includes meal and table wine. Number of people @	70.00
TOTAL REGISTRATION FEE		

PAYMENT OF REGISTRATION FEES

TOTAL REGISTRATION FEE DUE

\$

PAYMENT OPTIONS

Credit Card

Visa Mastercard (Only these cards accepted for payment of fees)

Card Number Expiry Date /

Name of Cardholder Signature

Cheque

Cheque payments should accompany this form and be payable to "Sports Medicine New Zealand Inc".

Electronic Transfer (Please quote name)

Account Name: Sports Medicine NZ

Account Number: 06 0996 0706600 00

SPECIAL REQUIREMENTS

DIETARY

OTHER (please specify)

AFFILIATIONS

- SPORTS MEDICINE NEW ZEALAND INC
 SPORT AND EXERCISE SCIENCE NEW ZEALAND INC

ACCOMMODATION

If you wish to stay at the conference hotel, a limited number of rooms have been blocked booked at the rate of \$180 per night including GST. For reservations, please contact Eve Ahearn, Conventions and Events Reservation Agent at the Duxton Hotel:

Email: confadmin@wellington.duxton.co.nz • **Tel:** +64 4 473 3900

CANCELLATION POLICY

All cancellations should be notified in writing to Sports Medicine New Zealand:

PO Box 6398, Dunedin

Fax +64-3-477-7882 • **Email** smznat@xtra.co.nz

A 90% refund on registration will be provided before 31 August 2010. A 50% refund on registration will be provided before 30 September 2010. No refund will be given on cancellations after 30 September. Registrations are transferrable but please advise the SMNZ National Office of any name changes.

DISCLAIMER

Information contained herein is correct at the time of publishing. The Organising Committee and Sports Medicine New Zealand reserve the right to alter or delete items from the meeting and/or social programme and to alter or delete information supplied on the conference website on accommodation, venues, prices and all other information contained therein. The Organising Committee and Sports Medicine New Zealand shall not be liable for any cost or damage arising from any action based on the information published either here or on the website.

Please return form to: Sports Medicine New Zealand
PO Box 6398, Dunedin, New Zealand
Tel +64 3 477 7887 • Fax +64 3 477 7882 • Email smznat@xtra.co.nz