

60th Annual General and Scientific Meeting of the New Zealand Society of Otolaryngology Head and Neck Surgery

Tuesday 13th - Saturday 17th November 2007, Rydges Lakeland Resort, Queenstown, New Zealand

REGISTRATION FORM

PLEASE NOTE YOU CAN REGISTER ONLINE AT www.orl.org.nz

All registration fees are quoted in NZ\$ and include GST

GST No: 25 286 121

A: REGISTRATION DETAILS

Surname _____ Title _____ First Name _____

Name for Name Badge _____ Position _____

Organisation _____

Postal Address _____

_____ Country _____

Tel (daytime) _____ Fax _____ Mobile _____

Email _____

Special Requirements (Dietary, Wheelchair access etc) _____

Name of Accompanying Person _____

The Privacy Act 1993 requires that, before your name and address 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

B: REGISTRATION FEES (GST inclusive)

Registration Type	Standard (to 8 October 07)	Late (from 9 October 07)
Full Registration		
Medical	<input type="checkbox"/> \$1050.00	<input type="checkbox"/> \$1150.00
Nursing / Allied Health	<input type="checkbox"/> \$600.00	<input type="checkbox"/> \$700.00
One Day Registration		
Medical <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> \$350.00	<input type="checkbox"/> \$400.00
Nursing / Allied Health <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$230.00
Half Day Registration		
Medical (Saturday)	<input type="checkbox"/> \$195.00	<input type="checkbox"/> \$220.00
Nursing / Allied Health (Saturday)	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$150.00
REGISTRATION FEE TOTAL :		\$ _____

C: SOCIAL PROGRAMME (GST inclusive)

Welcome Function Tuesday 13 November, 1800-2000 hours Inigo Bar, Level 6, Rydges Lakeland Resort	<input type="checkbox"/>	Yes, I will be attending the Welcome Function • Ticket included in full registration only No. of Additional Tickets at \$47.00 each _____ TOTAL	\$ _____
Conference Dinner Thursday 15 November, 1850 hours Moonlight Country, Morven Ferry Road	<input type="checkbox"/>	Yes, I will be attending the Conference Dinner • Ticket included in full registration only No. of Additional Tickets at \$130.00 each _____ TOTAL	\$ _____
SOCIAL PROGRAMME TOTAL:			\$ _____

D: THURSDAY AFTERNOON SOCIAL ACTIVITIES (GST inclusive)

ORL Golf Tournament Thursday 15 November, Tee-off 1300 hours Arrowtown Golf Club, 166 Centennial Avenue I require <input type="checkbox"/> left-handed clubs <input type="checkbox"/> right-handed clubs	T-Shirt size <input style="width: 50px;" type="text"/>	No. of Green Fees @ \$40.00 each _____ TOTAL	\$ _____
<input type="checkbox"/> Golf Club hire \$30 <input type="checkbox"/> Trundler hire \$5 <input type="checkbox"/> Carts \$30 for 18 holes - (Hire of equipment paid direct to Arrowtown Golf Club)			
Nomad Safaris: Macetown Thursday 15 November, 1330 - 1730 hours Pick up from Rydges Lakeland Resort		No. of Tickets at \$126.00 each _____ TOTAL	\$ _____
Fishing Afternoon Thursday 15 November, 1300 - 1600 hours Pick up from Rydges Lakeland Resort		No. of Tickets at \$150.00 each _____ TOTAL	\$ _____
Sail Queenstown on NZL14 Thursday 15 November, 1400 - 1600 hours Pick up from Rydges Lakeland Resort		No. of Tickets at \$150.00 each _____ TOTAL	\$ _____
THURSDAY AFTERNOON SOCIAL ACTIVITIES TOTAL:			\$ _____

E: ACCOMPANYING PERSONS PROGRAMME (GST inclusive)

Meet and Greet Morning Tea

Wednesday 14 November, 0930 - 1030 hours
Indigo Bar, Level 6, Rydges Lakeland Resort

No. of Tickets at \$10.00 each TOTAL \$ _____

Cooking Demonstration

Wednesday 14 November, 1030 - 1500 hours
Pick up from Rydges Lakeland Resort

No. of Tickets at \$130.00 each TOTAL \$ _____

Garden/Art Tour

Friday 16 November, 0900 - 1430 hours
Pick up from Rydges Lakeland Resort

No. of Tickets at \$150.00 each TOTAL \$ _____

Private Practice Session

Saturday 17 November, 0900 - 1200 hours

(tick) Yes, I will be attending

Name of Accompanying Person: _____

ACCOMPANYING PERSONS SOCIAL ACTIVITIES TOTAL: \$ _____

F: ACCOMMODATION (GST inclusive)

Prices quoted are on a per room per night basis. To secure your reservation, you must provide credit card details. Your credit card details will be passed on to the venue. The balance of the account is to be settled directly with the venue by the delegate upon checkout from the venue. No penalty for cancellations more than 30 days before the first night's accommodation. Cancellations after 12 October 2007 will incur penalties at the discretion of the hotel. Any no-show fees will be charged to your credit card.

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

Special Requirements (eg smoking/non smoking): _____

Name of delegate/s sharing your room: _____

Venue	Tick	Room Type	Room Rate	Description
Rydges Lakeland Resort (Conference venue) 38/54 Lake Esplanade Qualmark ★★★★★	<input type="checkbox"/>	Deluxe King	\$180.00	1 king bed
	<input type="checkbox"/>	Deluxe Twin	\$180.00	2 double beds
	<input type="checkbox"/>	King Suite	\$236.25	1 king bed
Peppers Beacon 33 Lake Esplanade Qualmark ★★★★★	<input type="checkbox"/>	Hotel Room	\$225.00	1 king zip bed
	<input type="checkbox"/>	2 Bdrm Apartment (garden view)	\$293.00	1 king & 1 king zip bed
Lakefront Apartments and Lakeside Motel 26 Lake Esplanade	<input type="checkbox"/>	Double Motel Studio	\$129.00	1 queen bed
	<input type="checkbox"/>	Twin Motel Studio	\$129.00	1 queen & 1 single bed
	<input type="checkbox"/>	2 Bdrm Apartment	\$300.00	1 queen & 2 single beds

F: TOTAL PAYMENT (GST inclusive)

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

B: REGISTRATION FEE TOTAL : \$ _____

C: SOCIAL PROGRAMME TOTAL: \$ _____

D: THURSDAY AFTERNOON SOCIAL ACTIVITIES TOTAL : \$ _____

E: ACCOMPANYING PERSONS PROGRAMME TOTAL: \$ _____

TOTAL ENCLOSED: \$ _____

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

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

I wish to pay my Conference registration by credit card (Debits will appear on your statement as 'Medical Industry Association')

Visa Mastercard Diners AMEX

Card Number: _____ Expiry Date: _____ / _____

Name of Card Holder: _____ Signature: _____

Please forward completed registration form and payment to the Conference Managers:
Medical Industry Association of New Zealand • PO Box 8378, Symonds Street • Auckland • New Zealand.
Tel: +64 9 917 3645 • Fax: +64 9 917 3651 • Email: admin@mianz.co.nz