

DELEGATE REGISTRATION FORM

CMDHB Breast Imaging Service Education Day



Delegate Details

First Name: _____ **Surname:** _____
Organisation: _____
Position: _____
Postal Address: _____
Town/Suburb: _____ **City:** _____
Post Code: _____ **Telephone:** _____
Email: _____ **Fax:** _____

Special Requirements (dietary, disabilities etc.):

NZIMRT Member? Yes No **Membership Number:** _____

Please Note: if your NZIMRT membership number is not supplied, the discounted price will not be available. Your name and membership number will be recorded and supplied to NZIMRT to verify attendance numbers.

Please Select from the Following Registration Options:

Option 1: Attendance at Education Day on Monday 11 October Only

Please tick appropriate payment option:

NZIMRT Member Fee (including GST): \$50

(Note: Please ensure NZIMRT member is supplied in Delegate Details Section)

Non-NZIMRT Member Fee (including GST): \$100

OR

**Option 2: Attendance at Education on Monday 11 October PLUS
Digital Positioning Workshop for MRTs, Sunday 10 October**

Please write Number 1 to 3 in the boxes below, with Number 1 being your most preferred session time.

Session 1: 10.00–11.30 **Session 2: 1.00-3.30** **Session 3: 3.00-4.30**

Please tick appropriate payment option:

NZIMRT Member Fee (including GST): \$75

(Note: Please ensure NZIMRT member is supplied in Delegate Details Section)

Non-NZIMRT Member Fee (including GST): \$125

DELEGATE REGISTRATION FORM

CMDHB Breast Imaging Service Education Day



Payment Options

Amount to Pay (See Previous Page):

\$ _____

Payment Method (Please tick relevant box):

Direct Credit

Please state your Payee Reference: _____

If paying by Direct Credit, pay to: Counties Manukau District Health Board – Corporate Account
ASB Bank, Institutional Banking Branch, Account Number: **123113 – 0000334 – 00**

Please use our Reference "BreastED" plus your unique Payee Reference as stated above.

Cheque or Money Order

Cheque Enclosed:

Please make cheques out to: Counties Manukau District Health Board – Corporate Account

Please write "Breast Imaging Education Day" on the back of the cheque.

Invoice to Organisation

Company Purchase Order No: _____

Please indicate the names of any other attendees from the same organisation to include on the same invoice:

I consent to receive information by email or post about similar events in the future: **Yes / No**

Cancellations: A refund may be supplied depending on date cancellation is received. Substitutes may be sent instead of the Registered Delegate, providing we are notified in writing prior to 15 September 2010, after which we reserve the right to accept or declined substitutions based on the circumstances that resulted in the substitution being made. Late changes may not be reflected in the badges and paperwork at the event.

REGISTRATIONS CLOSE ON 30 SEPTEMBER 2010

Please Send Completed Registration Forms and/or Conference Enquiries to:

Attention:

Natasha Spinks

Address:

BreastScreen Counties Manukau, Manukau SuperClinic
PO Box 98743, Manukau City, Auckland 2241

Email:

natasha.spinks@middlemore.co.nz

Phone:

+64 9 250 8097

Fax:

+64 9 250 8046

Thank you for your registration. We look forward to seeing you.