



Services for Older People Conference 22nd - 23rd April 2010

REGISTRATION FORM

DELEGATE DETAILS

SURNAME: _____ FIRST NAME: _____
ORGANISATION NAME: _____
POSTAL ADDRESS: _____
PHONE: _____ EMAIL: _____
NAME FOR LAPEL BADGE: _____
SPECIFIC REQUIREMENT/MOBILITY/SPECIAL NEEDS/DIETARY: DETAIL PLEASE _____

REGISTRATION: (PRICES INCLUDE GST) GST NO: 46 553 500

Full Registration: Paid in full by 18th of March) [] \$395.00 (If paid after 18th of March) [] \$445.00

Day Registration: [] \$230.00 note day attending: [] Thursday [] Friday

Includes conference sessions and catering for the day, no social functions

Conference Dinner: Thursday - 7.00pm [] \$70.00

TOTAL PAYMENT \$ []

WORKSHOPS - From the Programme please select your preferred option from streams A B C for each workshop session (1-8):

This is essential for our planning and to ensure delegates will have space in the venue.

Session 1&2 1.30-3.00pm 1 [] 2 [] Session 3 &4 3.30-5.00pm 3 [] 4 []
Session 5 & 6 11.00-12.30am 5 [] 6 [] Session 7 & 8 1.45-3.15pm 7 [] 8 []

ACCOMMODATION - Please indicate property that you wish to stay at:

Arrival Date: ____/4/10 Departure Date: ____/04/10 N° of nights: ____

Please indicate: Single [] Double [] Twin [] Number of persons accommodated: ____

Name/s of other delegate/s sharing room: _____

Please provide an invoice for the full sum of the accommodation to _____

Card Type i.e. Visa/MasterCard/AMEX - Name on Card _____

Cardholder Number: ____/____/____/____ Expiry Date: ____/____/____

Conference Registration PAYMENT DETAILS - Please indicate how payment is to be made:

Direct Credit to BNZ 020 912 0242563 12 []

Cheque attached \$_____ payable to NZCCSS 2010 Conference []

Please charge the following credit card: Only Visa and MasterCard accepted []

Cardholder Number: ____/____/____/____ Expiry Date: ____/____/____

Cardholder Name: _____ This will appear on your statement as "DCMS"

Please send an invoice to _____ []

ENQUIRES: Conference Secretariat; Dunedin Conference Management Service Ltd, Box 1029 Dunedin

Phone: 03 477 1377 Fax: 03 477 2720 Email: convene@dcms.co.nz

[] PRIVACY ACT: Please indicate if you do NOT wish your name to be included in the List of delegates. This information will be shared and used between the NZCCSS and Dunedin Conference Management Service for the purposes of this conference.