



NZACRes

NEW ZEALAND CLINICAL RESEARCH CONFERENCE

Hosted by the New Zealand Association of Clinical Research · www.nzacres.org.nz

REGISTRATION FORM

Section A: Delegate Details

Title (please tick) Prof. Dr Mr Mrs Ms Miss Other _____

Surname _____ First Name _____

Organisation _____

Position _____

Postal Address _____

City _____ State _____

Country _____ Postcode _____

Telephone (e.g. +64 9 555 5555) _____ Facsimile (e.g. +64 9 555 5555) _____

Email _____

Special Requirements (dietary, mobility) _____

20 & 21 August 2009
SkyCity Convention Centre
Auckland – New Zealand

How to Register

Internet
<http://www.nzacres.org.nz>
Credit card payment on secure site

Fax
+64 9 360 1242
Payment by credit card.

Mail
Clinical Research Conference 2009
PO Box 90040 - Auckland 1142
New Zealand

Payment by credit card or
cheque drawn on a NZ account.

GST No. 101 775 011

Send me information on babysitting / creche facilities.

How did you learn about the Conference? Colleague Website NZACRes Flyer Other _____

Section B: Conference Registration & NZACRes Membership

Please tick the appropriate box to indicate your registration type.

	Early Bird Fee (Payment received prior to/on 20 July 2009)	Standard Fee (Payment received after 20 July 2009)
NZACRes Member* (Full Registration)	<input type="radio"/> \$265	<input type="radio"/> \$325
NZACRes Member* – Friday Only	<input type="radio"/> \$205	<input type="radio"/> \$230
Non Member (Full Registration)	<input type="radio"/> \$365	<input type="radio"/> \$425
Non Member – Friday Only	<input type="radio"/> \$305	<input type="radio"/> \$330

* To become a member of NZACRes, please visit our website www.nzacres.org.nz

Section C: Workshop Selection (You may attend two workshops.)

Please indicate your preference for the first workshop sessions. Please note that once each workshop is full to capacity your next choice will be allocated.	1 st Preference	2 nd Preference	3 rd Preference	4 th Preference	5 th Preference
A National Hepatitis B Screening and Long-Term Follow-up Programme: The Hepatitis Foundation of New Zealand's Experience <i>John Hornell</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Trial Design: Demystifying the Protocol - Katrina Sharples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes NZ - "Why Won't They Take it Seriously?" - John Denton & Teresa Cleary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Māori Health and Clinical Research - Achieving Mana Whakamaarama <i>Bridget Robson</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipping You for Accelerated and Long Term Professional and Personal Success - Yvonne Godfrey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Clinical Trial Design: Demystifying the Protocol - Katrina Sharples	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes NZ - "Why Won't They Take it Seriously?" - John Denton & Teresa Cleary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Māori Health and Clinical Research - Achieving Mana Whakamaarama <i>Bridget Robson</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equipping You for Accelerated and Long Term Professional and Personal Success - Yvonne Godfrey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section D: Social Functions

Please indicate your intention to attend the Networking Drinks and how many guest tickets you require (if any).

	Inclusive Ticket Required	Guest Tickets Required	Total
Welcome Function Thursday 20 th August 5.00 – 6.30pm <i>This function is inclusive for full registrations.</i>	<input type="radio"/>	_____ @ NZ\$40.00	NZ\$_____
Evening Function Friday 21 st August 5.00 – 7.30pm <i>This function is inclusive for full registrations.</i>	<input type="radio"/>	_____ @ NZ\$50.00	NZ\$_____

Section D: Sub Total

NZ\$_____

Section E: Accommodation Booking

A deposit as guarantee of the first night's accommodation is required to secure your reservation. Please provide credit card details or a cheque or bank draft, which will be forwarded to your hotel for this purpose. If you do not check-in on the arrival date you have specified, the hotel will charge the first night's room rate to your credit card and your reservation will be cancelled. Check-in time is 2.00pm. If you require an early check-in, you will need to reserve your accommodation from the previous night and pay for an additional night's accommodation. Please specify your first and second choice of accommodation.

Hotel	Room Type	Room Rate Per Night
SkyCity Hotel	<input type="radio"/> Superior Room Single	NZ\$196.88

Section E: Accommodation Deposit (if applicable)

\$_____

Room Type Single Double Twin Triple Other _____

Check-in Date (DD/MM/YY) / / Check-out Date (DD/MM/YY) / /

Early check-in time I wish to pre-register and pay an extra night's accommodation for early arrival on / / at _____

Special Requirements Non-Smoking Other _____

I am sharing my room with: _____

I wish to guarantee my booking by credit card (record card details in Section F: Payment below).

You & Your Privacy

The Privacy Act 1993 provides that, before your name and address details can be published in the list of delegates for distribution to other conference participants, you must give your consent. If this box is NOT ticked it is assumed that you agree to have your details published in the list.

If you DO NOT wish your details to be included in the list of delegates, please tick here.

Section F: Payment

All fees are payable in NZ\$ and include New Zealand Goods and Services Tax (12.5%).

Total Section B: Conference Registration Sub Total NZ\$ _____

Total Section D: Social Functions Sub Total NZ\$ _____

Total Section E: Accommodation Deposit (If not guaranteeing booking by credit card) NZ\$ _____

Total Amount Payable NZ\$ _____

Contact Us

For enquiries about registration or accommodation please contact the Conference Managers



Email: crc@tcc.co.nz

Phone: +64 9 360 1240

Fax: +64 9 360 1242

Method of Payment / Accommodation Guarantee

Please find attached to this registration form a cheque payable to: *Clinical Research Conferences*

Please charge my credit card: Visa Mastercard

Card Number _____ **Cardholder's Name** _____ **Expiry Date (MM/YY)** _____
Authorised Amount \$ _____ **Signature** _____ **Date** _____

Direct deposit to National Bank, Clinical Research Conferences, 06 0293 00057958 018

Please ensure your name is provided (as per your registration) as a reference against your deposit.