

Kids Trauma Conference

8th Annual Paediatric Trauma Conference Auckland City Hospital Friday 2nd May 2014

REGISTRATION

Registration fee \$100 (gst incl) Provides full programme, tea and coffee on arrival, morning tea and lunch. Further refreshments are available for purchase in the Main Atrium.

Please write your details on this form and provide it with cash or cheque to the:

Surgical Service Office - Room 4.138; Level 4; Starship Children's Health; Auckland 1142

- Cheques made out to: **Auckland District Health Board – Kids Trauma Conference**
- An invoice may be issued on request, please email: JSpringett@adhb.govt.nz
- Direct debit payment is not available. Our apologies.

Registrations are confirmed by our receipt of your completed registration form and payment. GST Receipts will be sent by post within 3 weeks. Attendance certificates provided on the day.

☐ YES I wish to attend the “Meet the expert workshop” – limited to 50 places

Registration details *

Title..... Given Name..... Surname.....

Preferred Name on Attendance Certificate

Organisation..... Position/Role.....

Phone Phone (mobile).....

Email

Special Dietary Requirements

Postal Address for Receipt:

Name:		
Address one:		
Address two:		
City:		Post Code:

Please send completed registration form and payment to:

Kids Trauma Conference
Starship Surgical Services
Room 4.138 Level 4
Starship Children's Hospital
Private Bag 92 024
AUCKLAND 1142

Office use only:

Payment Received.....

Receipt.....

Certificate.....

Other:

Cancellations: Seven days advance notice usually required for full refund – please call (09) 307 4949 ext 22527

**Registrations received after 22nd April 2014 are at the same cost and exclude catering.*

“Meet the Expert Workshop” Bookings are on a “first come first served” basis.