

Kids Trauma Conference

4th August 2017 Registration Form

Registration \$100.00 (gst incl) includes programme, morning tea and lunch

Please complete your registration details

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

Preferred Name on Attendance Certificate

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

Phone (mobile).....Phone

Email

Special Dietary Requirements

Contact address for posted receipt:

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

Registrations accepted on receipt of completed registration form and payment

- **Direct Debit:** Please include your full name in the Reference field
Payment to ASB Account: 12-3617-0012857-00
Then email your completed registration form to ChildrensTrauma@adhb.govt.nz
- **Cheques** - made out to: Auckland District Health Board – Kids Trauma Conference
- **Cash** - Please deliver cash or cheque with your completed registration form to :

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

- **Cancellations:** Seven days advance notice required for refund – please email or call Julie Chambers 021 241-5771
All are considered on a case by case basis
- **Late Registrations received after Thursday 27th July 2017**
are at the same cost and exclude catering.

Office use only:
Date received.....
Amount Paid:.....
Receipt Number.....
Certificate Printed Yes / No