



NOSA 26TH ANNUAL SCIENTIFIC MEETING
 2-3 SEPTEMBER 2010
NEUROVISION TRAINING WEEKEND
 4-5 SEPTEMBER 2010



Rydges Hotel
170 Oxford Terrace
Christchurch
New Zealand
P: + 64 3 379 4700
www.rydges.com/christchurch

DELEGATE REGISTRATION FORM

Please complete this form CLEARLY and either fax or email
Jo Masters ~ sanofi-aventis Australia Pty Limited
F: 02 8666 3542 E: jo.masters@sanofi-aventis.com

REGISTRATIONS CLOSE FRIDAY 20 AUGUST 2010

DELEGATE INFORMATION

Title _____ Family Name _____ First Name _____

Mailing Address _____

Suburb _____ Postcode _____ State _____ Country _____

Work Phone _____ Fax No _____ Mobile No _____

Email Address *(Please write clearly)* _____

Dietary Requirements _____

REGISTRATION

PLEASE TICK WHICH CONFERENCE YOU WILL BE ATTENDING.

	OPTION		STANDARD RATE A\$	TRAINEE RATE* A\$	AFTER 20 AUG '10 A\$
<input type="checkbox"/>	A	NOSA CONFERENCE, 2-3 SEPT (INC. 2 SEPT DINNER)	500.00	450.00	550.00
<input type="checkbox"/>	B	NEUROVISION TRAINING WEEKEND, 4-5 SEPT (INC. 4 SEPT DINNER)	300.00	200.00	300.00
<input type="checkbox"/>	C	NOSA CONFERENCE & NEUROVISION WEEKEND (INC. BOTH DINNERS)	650.00	575.00	700.00
<input type="checkbox"/>		NOSA DINNER ~ ADDITIONAL TICKETS 2 SEPT	120.00		
<input type="checkbox"/>		NEUROVISION DINNER ~ ADDITIONAL TICKETS 4 SEPT	100.00		
<input type="checkbox"/>		DISCOUNT ON MEETINGS FOR NOSA MEMBERSHIP	- 70.00		
		MEETING TOTAL			

* FOR TRAINEES, ORTHOPTISTS & NURSES (YOU WILL REQUIRE AN ACCOMPANYING CONFIRMATION LETTER FROM YOUR HEAD OF DEPARTMENT OR SUPERVISOR TO CONFIRM YOUR TRAINEE STATUS)

