



Registration Form

For the 17th Australasian Council of Chinese Medical Associations Annual Conference
Hosted by the Auckland Chinese Medical Association

Personal details

Title: _____ *Surname:* _____ *First Name:* _____

Preferred name for name badge: _____

Address: _____

Postcode: _____

Phone: _____ *Fax:* _____

Partner's Name: _____

Email: _____

Payment

Please tick the applicable item(s):

- | | amount |
|--|--|
| <input type="checkbox"/> Conference Day Registration & Dinner Fee (NZD\$200) – Sat 03 April 2010 | \$ _____ |
| <input type="checkbox"/> For catering purposes, please tick here if you are attending the conference dinner | |
| <i>Note: the cost of the dinner is <u>included</u> in your registration fees</i> | |
| <input type="checkbox"/> Conference Dinner Fee for Partner (NZD\$40) | \$ _____ |
| <input type="checkbox"/> Social Programme – Sun 04 April 2010 | |
| <input type="checkbox"/> Option 1 Golf (NZD\$250pp) | Number attending _____ \$ _____ |
| <input type="checkbox"/> Option 2 Auckland City Tour (NZD\$150pp) | Number attending _____ \$ _____ |
| Total amount to pay \$ _____ | |

Please tick the applicable payment option:

- Cheque (payable to ACMA)
 Credit card
 Mastercard
 Visa

Name on card _____ **Expiry date (mm/yyyy)** _____

Card number

Total Amount to pay _____ **Signature** _____

Please send completed registration form & payment to (Payment receipts can be collected on Conference Day):

ACCMA Conference 2010
ACMA
PO Box 128012
Remuera
Auckland 1541
New Zealand