

New Zealand Embryology Meeting

Saturday 26th & Sunday 27th May 2018

Obex Conference & Education Centre, 303 Manukau Road, Epsom

REGISTRATION:

Full Name:
(First Name) (Surname)

Job Title: Clinic:

Telephone: Email:

Special Dietary Requirements:

PAYMENT: \$70.00 (includes Saturday night Dinner)

Direct Debit to A/C: ANZ: 01-0129-0262124-00 (please quote your surname as reference)

Credit Card: VISA or Mastercard only

Name on card:

Card Number: Expiry:

Signature:

Please return this form and payment to: Sarah Jonson, Obex Medical Ltd, PO Box 26 511, Epsom, Auckland 1344 or email: sarah.jonson@obex.co.nz

