

ANNUAL CARDIOTHORACIC SURGERY MEETING OF AOTEAROA NEW ZEALAND



REGISTRATION FORM

12th-14th April 2024 | Te Papa Museum, Wellington

Full Name:
(Title) (First Name) (Surname)

Job Title: Hospital RACS No

Telephone Email:

Name of Partner Name of children & ages.....
(if attending) (if attending)

Special Dietary Requirements:

REGISTRATION FEES:

		No	\$
Cardiac Surgeon Registration ¹	\$850.00		
Anaesthetist Registration ¹	\$750.00		
Perfusionist Registration ¹	\$650.00		
Surgical Registrar Registration ¹	\$600.00		
Nurse Registration ¹	\$450.00		
Partner Registration ²	\$250.00		
Child Registration ³	\$75.00		
TOTAL			\$

1. All Delegate Registrations cover Scientific Meeting Friday to Sunday including catering and conference dinners.
2. Partner Registration includes: Friday & Saturday conference dinners.
3. Children's Registration includes Friday Dinner. Note: dinner Saturday night is adults only, so babysitters will need to be organised.

PAYMENT

Direct Credit: 02-0108-0561934-000 (put your surname as reference)

Payment by credit card: Visa or Mastercard only

Name on Card: _____ (please print)

Card Number: _____ Expiry: _____

Authorise Name: _____

Please return this form to: Sarah Jonson sarah.jonson@obex.co.nz by 1st April 2024.