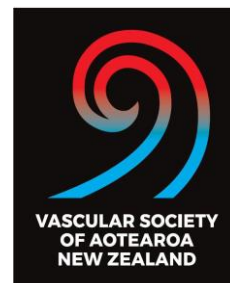


REGISTRATION FORM

21-23 February 2025

Waitangi Treaty Grounds Conference Centre, Paihia



Name:

Position:

Hospital:

Mobile: Email:

Name of partner (only if attending):

Name of children & age (only if attending):

Special Dietary Requirements:

REGISTRATION FEES:

	No	\$
Delegate Registration ¹		\$750.00
Registrar Registration ¹		\$550.00
Nurse Registration/MRT/Sonographer ¹		\$400.00
Partner Registration ²		\$250.00
Child Registration (3 - 14 yrs) ³		\$ 80.00
TOTAL		\$

1. Delegate, Registrar and Nurse Registrations include: VSAoNZ Scientific Meeting & catering Friday to Sunday.
 2. Partners Registration includes Friday Dinner and Saturday Conference Dinner
 3. Children's Registration includes Friday Dinner only.
- Note: Dinner Saturday night is adults only, so babysitters will need to be organised for children through your hotel.

PAYMENT OPTIONS:

Direct Credit: Vascular Society of New Zealand Incorporated
03-0883-0172294-000 (please put your surname as reference)

Credit Card: Visa / Mastercard only - once payment is processed a receipt will be issued

Name on Card: _____ (please print)

Card Number: _____ Expiry: _____

Authorise name: _____

Please return this form to sarah.jonson@obex.co.nz by 10th February 2025.