

# 2016 PACIFIC ISLANDS' SURGEONS CONFERENCE

VENUE: TUPUA TAMASESE MEAOLE HOSPITAL, APIA, SAMOA

DATE: September 5 - 8, 2016

*Pacific Surgery- Directions & Indicators*

## REGISTRATION FORM

Please print off and then print details in BLOCK LETTERS using a ballpoint pen; **OR** type in details, and then print

### SECTION A: DELEGATE DETAILS

Surname:		First Name:	
Title: Dr [ ]	Prof [ ]	Mr [ ]	Mrs [ ] Ms [ ]
Preferred NAME & COUNTRY (for name badge)			
Organisation:			
Position:			
Postal Address:			
Country:			
Telephone:		Fax:	
Email:			
I am a member of the Pacific Islands Surgeons Association:		Yes [ ]	No [ ]
Special Requirements: - Dietary (eg. gluten free, vegetarian etc), mobility, etc			

### SECTION B: CONFERENCE REGISTRATION

(Amounts are in NZ Dollars as accounts are being run through the NZ Office of the RACS)

	AMOUNT (NZD)
1. A. Sponsored delegate (nil to pay as prepaid by sponsor) <input type="checkbox"/> <b>OR</b>	0.00
1. B. Full Registration - if attending 3 days or more \$300 NZD <input type="checkbox"/> <b>OR</b>	
1. C. Part Registration - attending only: 1 day <input type="checkbox"/> \$100 NZD ; 2 days <input type="checkbox"/> \$200 NZD Please mark day(s): Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ]	
2. Partner attendance at welcome cocktails & Pacific Islands evening: \$60 NZD <input type="checkbox"/>	
3. PISA Dinner, Thursday 8 September - \$50 NZD / person: No. of people [ ] (PAYMENT ONLY REQUIRED FOR PARTNERS OR 1 DAY REGISTRANTS)	
<b>TOTAL</b>	

**All Delegates:** For catering numbers please tick which of the following you are attending

Welcome Ava ceremony & cocktails, Monday 5 September <input type="checkbox"/>	
Pacific Islands evening, Tuesday 6 September <input type="checkbox"/>	PISA Gala Dinner Thursday 8 September <input type="checkbox"/>

### SECTION C: PAYMENT OPTIONS

1. Attendee with sponsored registration (eg. NZAID, RACS, SSCSiP) <input type="checkbox"/>	
2. Cash payment at conference in NZD or WSTala (rate calculated 5 September) <input type="checkbox"/>	
3. Credit Card: Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> No.:	
Expires: /	Name on Card:
Signature:	

**WHEN COMPLETE, FAX to +64 4 385 8873; OR EMAIL Justine.Peterson@surgeons.org**