



HOW MEETS WHY
Clinical Practice and the Science Behind it

ANZCA ASM 2010

1 - 5 May 2010

Christchurch New Zealand

REGISTRATION FORM

Invoice/Tax Invoice GST: 101 205 592

Australian and New Zealand College of Anaesthetists (ANZCA) Annual Scientific Meeting 2010
1 – 5 May 2010, Christchurch, New Zealand

To ensure you receive your preferred accommodation, workshop, PBLDs and QA sessions etc we strongly encourage you to register via the online process: www.anzca2010.com

Alternatively you can return this form to:

ANZCA ASM 2010, Conference Innovators, PO Box 7191, Christchurch 8240, New Zealand. Tel: +64 3 379 0390 Fax: +64 3 379 0460

If you fax this form please cut to A4's and fill in your initials in the box provided at the top of each page.

Please note that the Meeting Secretariat will be closed over the Christmas period 23 December 2009 and reopening on Monday 18 January 2010.

SECTION 1 PERSONAL DETAILS

Surname _____ Title (Prof/A/Prof/Dr/Mr/Mrs/Ms/Miss) _____

Given Name _____ Preferred name for name badge _____

Organisation/Institution _____ Department Position _____

Address _____

City/Suburb _____ State _____

Country _____ Postcode _____

Telephone* (_____) _____ Facsimile* (_____) _____

*** Country + Area/City Codes required**

Email _____

Special requirements (specific dietary, wheelchair access or other requirements) _____

Privacy

I do not wish for my personal details to be included in the Delegate List, which will be circulated to all delegates, sponsors and trade exhibitors at the meeting.

SECTION 2 REGISTRATION FEES

All fees are quoted in NZ\$ and include GST.

	Early Bird Rate Up to Friday 19 March	Standard Rate From Saturday 20 March	Subtotal
01 Full Registration	\$1,820	\$2,240	\$ _____
02 Full Registration Trainee	\$1,320	\$1,625	\$ _____
03 Full Weekend/FPM Registration (2 days)	\$1,050	\$1,320	\$ _____
04 Weekend Trainee/FPM Trainee	\$790	\$990	\$ _____
05 Retired Fellow	No charge	No charge	\$ _____
06 New Fellow	No charge	No charge	\$ _____
07 Single Day Registration (Sat, Sun, Tue) Please indicate day _____	\$730	\$850	\$ _____
08 Single Day Registration (Mon, Wed) Please indicate day _____	\$390	\$450	\$ _____
ASM 2010 Book of Abstracts	No of copies _____	\$20	\$ _____

TOTAL \$ _____

INITIALS HERE

SECTION 3 WORKSHOPS

If you wish to participate in a workshop you must nominate your top 10 preferences (1 – 10) in the boxes below. A ticket is required for each workshop and only ONE workshop will be allocated prior to early bird closing date **Friday 19 March 2010**.

You will be allocated your highest preference from the available workshops. You will also be emailed with the remaining available workshops after **Friday 19 March 2010** to allow you to make additional choices via the ON LINE registration process only.

Saturday 1 May 2010

1030 – 1200	1330 – 1500	1530 - 1700
<input type="checkbox"/> W1 (repeat W6 & W10) \$60	<input type="checkbox"/> W6 (repeat W1 & W10) \$60	<input type="checkbox"/> W10 (repeat W1 & W6) \$60
<input type="checkbox"/> W2 (repeat W28) \$35	<input type="checkbox"/> W7(repeat W3 & W12) \$50	<input type="checkbox"/> W11 (repeat W14, W17 & W22) \$35
<input type="checkbox"/> W3 (repeat W7 & W12) \$50	<input type="checkbox"/> W8: 1300-1700 (repeat W20) \$175	<input type="checkbox"/> W12 (repeat W3 & W7) \$50
<input type="checkbox"/> W4 \$35	<input type="checkbox"/> W9 (repeat W21) \$35	
<input type="checkbox"/> W5 (repeat W26 & W38) \$50		

Sunday 2 May 2010

1030 – 1200	1330 – 1500	1530 - 1700
<input type="checkbox"/> W13 \$35	<input type="checkbox"/> W17 (repeat W11, W14 & W22) \$35	<input type="checkbox"/> W21 (repeat W9) \$35
<input type="checkbox"/> W14 (repeat W11, W17 & W22) \$35	<input type="checkbox"/> W18 (repeat W15) \$80	<input type="checkbox"/> W22 (repeat W11, W14 & W17) \$35
<input type="checkbox"/> W15 (repeat W18) \$80	<input type="checkbox"/> W19 \$80	<input type="checkbox"/> W23 \$80
<input type="checkbox"/> W16 \$80	<input type="checkbox"/> W20: 1300 - 1700 (repeat W8) \$175	<input type="checkbox"/> W24 (repeat W32) \$80

Monday 3 May 2010

1030 – 1200
<input type="checkbox"/> W25 \$20
<input type="checkbox"/> W26 (repeat W5 & W38) \$50
<input type="checkbox"/> W27 No charge
<input type="checkbox"/> W28 (repeat W2) \$35
<input type="checkbox"/> W29 (repeat W36) \$40

Tuesday 4 May 2010

1030 – 1200	1330 – 1500	1530 - 1700
<input type="checkbox"/> W30 \$35	<input type="checkbox"/> W37 (repeat W44) \$50	<input type="checkbox"/> W44 (repeat W37) \$50
<input type="checkbox"/> W31 \$80	<input type="checkbox"/> W38 (repeat W5 & W26) \$50	<input type="checkbox"/> W45 \$35
<input type="checkbox"/> W32 (repeat W24) \$80	<input type="checkbox"/> W39 \$35	<input type="checkbox"/> W46 No charge
<input type="checkbox"/> W33 \$20	<input type="checkbox"/> W40 \$35	<input type="checkbox"/> W47 (repeat W42) \$35
<input type="checkbox"/> W34 \$35	<input type="checkbox"/> W41 (repeat W35) \$40	<input type="checkbox"/> W48 (repeat W43) \$35
<input type="checkbox"/> W35 (repeat W41) \$40	<input type="checkbox"/> W42 (repeat W47) \$35	
<input type="checkbox"/> W36 (repeat W29) \$40	<input type="checkbox"/> W43 (repeat W48) \$35	

Please indicate in the **Total \$** your first preference cost. The amount charged may vary depending upon your final workshop allocation and cost.

TOTAL: \$ _____

INITIALS HERE

SECTION 4 **PROBLEM BASED LEARNING DISCUSSIONS AND QUALITY ASSURANCE SESSIONS**

If you wish to participate in a Problem Based Learning Discussion (PBLD) or Quality Assurance Session (QA) you must nominate your top 10 preferences (1 – 10) in the boxes below. A ticket is required for each PBLD or QA and only ONE PBLD or QA will be allocated prior to early bird closing date **Friday 19 March 2010**.

You will be allocated your highest preference from the available PBLD and QA sessions. You will also be emailed with the remaining available PBLD and QA sessions after Friday 19 March 2010 to allow you to make additional choices via the ON LINE registration process only.

Saturday 1 May 2010

1030 – 1200		1330 – 1500		1530 - 1700	
<input type="checkbox"/> P1	\$20	<input type="checkbox"/> P4	\$20	<input type="checkbox"/> P7	\$20
<input type="checkbox"/> P2	\$20	<input type="checkbox"/> P5	\$20	<input type="checkbox"/> P8	\$20
<input type="checkbox"/> P3	\$20	<input type="checkbox"/> P6	\$20	<input type="checkbox"/> P31	\$20
<input type="checkbox"/> Q1	\$20	<input type="checkbox"/> Q2	\$20	<input type="checkbox"/> Q3	\$20

Sunday 2 May 2010

1030 – 1200		1330 – 1500		1530 - 1700	
<input type="checkbox"/> P9	\$20	<input type="checkbox"/> P12	\$20	<input type="checkbox"/> P15	\$20
<input type="checkbox"/> P10	\$20	<input type="checkbox"/> P13	\$20	<input type="checkbox"/> P16	\$20
<input type="checkbox"/> P11	\$20	<input type="checkbox"/> P14	\$20	<input type="checkbox"/> P17	\$20
<input type="checkbox"/> Q4	\$20	<input type="checkbox"/> Q5	\$20	<input type="checkbox"/> Q6	\$20

Monday 3 May 2010

1030 – 1200	
<input type="checkbox"/> P18	\$20
<input type="checkbox"/> P19	\$20
<input type="checkbox"/> P20	\$20
<input type="checkbox"/> P21	\$20

Tuesday 4 May 2010

1030 – 1200		1330 – 1500		1530 - 1700	
<input type="checkbox"/> P22	\$20	<input type="checkbox"/> P25	\$20	<input type="checkbox"/> P28	\$20
<input type="checkbox"/> P23	\$20	<input type="checkbox"/> P26	\$20	<input type="checkbox"/> P29	\$20
<input type="checkbox"/> P24	\$20	<input type="checkbox"/> P27	\$20	<input type="checkbox"/> P30	\$20
<input type="checkbox"/> Q7	\$20	<input type="checkbox"/> Q8	\$20	<input type="checkbox"/> Q9	\$20

TOTAL: \$ _____

INITIALS HERE

SECTION 5 SOCIAL FUNCTIONS

Please indicate your attendance at all inclusive functions

		Cost	No of Tickets	Total Cost
Friday 30 April 2010	Welcome Reception			
	Full Delegate/Trainee/FPM/Weekend/ New Fellow	Inclusive	1	<input type="checkbox"/> Yes, I will be attending
	Additional ticket	\$50	_____	\$ _____
Saturday 1 May 2010	College Ceremony and Cocktail Reception			
	Full Delegate/Trainee/FPM/Weekend/ Retired/New Fellow	Inclusive	1	<input type="checkbox"/> Yes, I will be attending
	Additional ticket	\$150	_____	\$ _____
Sunday 2 May 2010	Registrars Luncheon			
	Full trainee/FPM trainee	Inclusive	1	<input type="checkbox"/> Yes, I will be attending
	Health Care Industry Cocktail Reception			
	Full Delegate/Trainee/FPM/Weekend/New Fellow	Inclusive	1	<input type="checkbox"/> Yes, I will be attending
	Additional ticket	\$50	_____	\$ _____
Monday 3 May 2010	Court Theatre including Historic Tram Ride			
	Ticket	\$65	_____	\$ _____
	Jamming session			
	Indicate your intension to attend		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Musical instrument _____			
Tuesday 4 May 2010	College Dinner			
	Full Delegate/Trainee/FPM/Weekend/ New Fellow	Inclusive	1	<input type="checkbox"/> Yes, I will be attending
	Additional ticket	\$175	_____	\$ _____
				TOTAL: \$ _____

SECTION 6 OPTIONAL ACTIVITIES

Please note these activities are not included in your registration fee and must be paid for per delegate who wish to participate.

		Cost	No of Tickets	Total Cost
Monday 3 May 2010	01 Fun Run	\$35	_____	\$ _____
	02 Golf (Club and cart hire additional)	\$80	_____	\$ _____
	03 Waipara Wine Tour	\$95	_____	\$ _____
	04 Arthurs Pass/TranzAlpine Tour	\$149	_____	\$ _____
	05 Adrenalin Forest Challenge	\$69	_____	\$ _____
	06 City Orientation Tour/Gondola	\$68	_____	\$ _____
	07 Cycle Tours	\$140	_____	\$ _____
	The Rough	\$95	_____	\$ _____
	The Smooth	\$105	_____	\$ _____
	08 4 Wheel Drive/Jet Boat	\$215	_____	\$ _____
	09 Lunch at Jo Seagar's	\$169	_____	\$ _____
	10 Antarctic Centre/Airforce Museum	\$85	_____	\$ _____
	11 Akaroa Scenic Day Tour	\$95	_____	\$ _____
	12 Guided Arts Tour	\$49	_____	\$ _____
	13 Tennis Coaching, Skills and general Fun Afternoon	\$75	_____	\$ _____
				TOTAL: \$ _____

INITIALS HERE

SECTION 7 CHILDREN'S PROGRAM

Please note the children's program is not included in your registration fee and must be paid for per child who wish to participate

First child

Surname _____

Given Name _____

Preferred name for name badge _____

Age of child _____

Second child

Surname _____

Given Name _____

Preferred name for name badge _____

Age of child _____

Third child

Surname _____

Given Name _____

Preferred name for name badge _____

Age of child _____

24 Hour parent contact telephone number _____

Saturday Half day \$25 \$ _____
 Full day \$45 \$ _____

Sunday Half day \$25 \$ _____
 Full day \$45 \$ _____

Monday Half day \$25 \$ _____

Tuesday Half day \$25 \$ _____
 Full day \$45 \$ _____

TOTAL \$ _____

SECTION 8 POST MEETING TOURS

Please note these activities are not included in your registration fee and must be paid for per delegate.

Tours will operate from Thursday 6 May – Monday 10 May 2010.

Cost No of Total Cost
Tickets

South Island Highlights Tour

Twin/DbI Share \$2998 _____ \$ _____

Single \$3803 _____ \$ _____

South Island Walking Tour

Twin/DbI Share \$2050 _____ \$ _____

Single \$2525 _____ \$ _____

TOTAL: \$ _____

SECTION 9 BREAKFAST SESSIONS

All breakfast sessions include full breakfast.

Sunday 2 May 2010

01 Prof Gerard Manecke
 I will attend \$10

02 Neuromodulation: Peripheral and Spinal
Cord Stimulation in pain
 I will attend \$10

Monday 3 May 2010

03 Clinical Implications of Bridion
(Sugammadex)
 I will attend \$10

Total \$ _____

SECTION 10 ACCOMMODATION

All rates are quoted in NZ\$ and include GST.

A credit card number must be supplied to secure your accommodation booking (see below). No charges will be debited prior to check-out. Accommodation costs can be settled on departure with cash, eftpos or credit card.

Select your hotel and room rate

CROWNE PLAZA HOTEL

Superior or Parkview \$190.00

SCENIC SUITES CHRISTCHURCH

One Bedroom \$185.65

Two Bedrooms \$208.15

COPTHORNE HOTEL CHRISTCHURCH DURHAM STREET

Standard \$145.00

COPTHORNE HOTEL CHRISTCHURCH CENTRAL

Standard \$145.00

RYDGES CHRISTCHURCH

Deluxe \$155.00

THE GEORGE HOTEL

Premium Executive \$262.15

Room type required

Please indicate your preferences, rooms will be allocated where available.

Single Twin Double

Smoking Non-Smoking

Other (please specify) _____

Date of arrival: ___/___/___ Expected check-in time: _____

Date of departure: ___/___/___

If you are sharing the room please give the other person's name

INITIALS HERE

SECTION 11 SUMMARY OF PAYMENTS

Section 2: Registration Fees	\$ _____
Section 3: Workshops *costs may vary	\$ _____
Section 4: Problem based/QA Sessions	\$ _____
Section 5: Social Functions	\$ _____
Section 6: Optional Activities	\$ _____
Section 7: Children's Program	\$ _____
Section 8: Post Meeting Tours	\$ _____
Section 9: Breakfast Sessions	\$ _____

TOTAL PAYMENT ENCLOSED

(NZ\$ and inclusive of GST) \$ _____

PAYMENT

All prices are quoted in NZ\$ and include GST. Payment must accompany your registration form. Your Meeting registration cannot be confirmed until payment is received.

Method of Payment (please tick):

- Credit Card:** see below
- Cheque:** Post with this completed form to Conference Innovators Ltd, PO Box 7191, Christchurch 8240, NZ.

Please make cheques in NZ\$ payable to "ANZCA ASM 2010".

- Direct Credit:** 06 0821 0590853 00 SWIFT Code ANZBNZ22

Please use delegate's last name and initial as a reference. Remittance advice may be sent by e-mail to registration@conference.co.nz

Credit Card Authorisation for Accommodation Guarantee and Registration Payment

Accommodation bookings must be guaranteed with a credit card. Please tick if you wish your Registration Fee to be deducted from this card.

- Yes, please deduct my Registration Fee from the following credit card: Mastercard Visa AMEX

Credit card number

Cardholder's name _____ Expiry date _____/_____/_____

Cardholder's signature _____ Date _____/_____/_____

Please note that debits to your credit card, will appear as Conference Innovators on your credit card statement.

** In addition, the amount charged may vary depending upon your final workshop/PBDA/QA allocation and cost.*

How to Register



Mail this completed form together with your cheque or credit card payment to: Conference Innovators Ltd, PO Box 7191, Christchurch 8240



Visit the website www.anzca2010.com and follow the link to the online registration process.



Fax this completed form (all sides) together with your credit card payment or invoice purchase order to: Conference Innovators +64 3 379 0460.

If you fax this form please cut to A4's and fill in your initials in the box provided at the top of each page.

Confirmation of registration

Your registration will be recorded on receipt of your completed registration and payment. A GST receipt or invoice will be sent with confirmation letter to you via email or post within three to five working days. If you have a registration query contact: registration@conference.co.nz or telephone +64 3 379 0390.

Cancellation Policy

All cancellations are to be made in writing to Conference Innovators, PO Box 7191, Christchurch 8240. Cancellations received prior to Friday 26 March 2010 will be refunded in full minus a \$350 cancellation fee. After that date, refunds will be at the discretion of the Organising Committee. Refunds will not be granted on failure of visa application. A substitution registration can be made at any time.