



**13th INTRAVENOUS NURSING NEW ZEALAND INC CONFERENCE**  
Holiday Inn Whakarewarewa Rotorua, 30-31 March 2012  
**REGISTRATION FORM**

Please complete this form, take a copy for your records and forward it to:

13th IVNNZ Inc. Conference  
C/- Event Link Ltd  
PO Box 7191  
Christchurch 8240  
New Zealand

Tel: +64 3 372 9116  
Facsimile: +64 3 379 0460  
www.ivnnz.co.nz  
Tax Invoice - GST Registration Number 94 764 904

Purchase Order Number \_\_\_\_\_

**DELEGATE DETAILS**

Surname \_\_\_\_\_ First Name *(for name badge)* \_\_\_\_\_

Position *(this will be shown on your name badge)* \_\_\_\_\_

Hospital or Organisation (if you are working within a hospital please put the hospital name only in this field)

\_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Town or City *(for name badge)* \_\_\_\_\_

Country \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_

Email \_\_\_\_\_

*(please note: if you provide an email address your confirmation will be emailed to you).*

Special requirements e.g. dietary, disabilities etc. \_\_\_\_\_

\_\_\_\_\_

**REGISTRATION FEES**

IVNNZ Inc. Member Full Conference \$295 \$ \_\_\_\_\_

Non-Member Full Conference \$375 \$ \_\_\_\_\_

To become a member (\$40 per annum) go to  
[www.ivnnz.co.nz/membership/login/joinus](http://www.ivnnz.co.nz/membership/login/joinus)  
You can then select the Member category of Registration.

Friday Day Registration \$145 \$ \_\_\_\_\_

**Registration Fee Total** \$ \_\_\_\_\_

*(Inclusive of Goods & Services Tax)*

**Drinks, Canapés 1700-1900 Friday 30<sup>th</sup> March**

To assist with catering numbers please indicate whether or not you are attending

- I **will** be attending
- I **won't** be attending

**ACCOMMODATION**

**Holiday Inn Whakarewarewa, Rotorua**

If you wish to make a booking at the conference venue a credit card number must be supplied to secure your accommodation booking. No charges will be debited prior to check-out. Accommodation costs can be settled on departure with cash, eftpos or credit card. Credit card details should be added into the payment section. Your card will not be charged for registration unless you tick the box advising us to do so.

**Book a room** - by choosing a room type below

**Room Cost** \$163.90 incl GST (per standard room per night)    **Room Type Required**    Single    Double    Twin

**PAYMENT SUMMARY**

Registration fee Total    \$ \_\_\_\_\_

- I wish to pay my registration by cheque, made payable to IVNNZ Inc., c/- Event Link, PO Box 7191, Christchurch 8240
- I wish to pay my registration by invoice, purchase order no: \_\_\_\_\_
- I wish to pay my registration by direct credit: Pay to 060821 0419490 25 and will use delegate's last name and invoice number in the payment reference.
- I wish to pay my registration by credit card. Please circle    Visa    Mastercard

**Credit Card**

Name of cardholder: \_\_\_\_\_    Card number:

Card expiry date: \_\_\_\_\_    Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If you wish us to send a copy of your invoice to your accounts department, please advise the email address.

\_\_\_\_\_

The information supplied on this registration form will be shared and used by IVNNZ Inc. The Privacy Act 1993 requires that, before your name and address details can be published in the list of delegates either for distribution to fellow delegates or any other party, you must give your consent. Unless you advise by ticking the privacy box (see below) your name and organisation will be included in the list of conference participants distributed to delegates and sponsors.

- Please indicate if you **DO NOT** wish your name and details to be included in the list of participants.

**Cancellation Policy:**

All cancellations to be made in writing to Event Link Ltd, joy@eventlink.co.nz. Cancellations received prior to 1 March 2012 will be refunded in full minus a \$50 administration fee. No refunds will be made from 1 March. A substitution registration can be made at any time.