



The Asthma and  
Respiratory Foundation  
of New Zealand (Inc.)  
Te Taumatua Huango,  
Mate Ha o Aotearoa



The Thoracic Society of  
Australia & New Zealand Inc



Thoracic Society of Australia & New Zealand (NZ Branch)  
Australian & New Zealand Society Of Respiratory Scientists (NZ Branch)  
The Asthma & Respiratory Foundation of New Zealand (Inc)

## Annual Conference – Friday 11<sup>th</sup> November 2005 James Cook Hotel Grand Chancellor, Wellington

### Personal Details

Title \_\_\_\_\_ First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Postal Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_  
Email Address \_\_\_\_\_

The Privacy Act 1993 provides that your name and address details may not be published in the list of conference delegates for distribution to fellow delegates or any other party without your consent. If you **do not** wish to have your name and address details included in the list of delegates, please tick the box.

### Registration Details

All prices are quoted in New Zealand dollars and are exclusive of GST (12.5%).

TSANZ & ARFNZ Conference Registration	\$ 100.00 pp	<input type="checkbox"/>
TSANZ & ARFNZ Conference Dinner	\$ 50.00 pp	<input type="checkbox"/>

Special Requirements (please include any special dietary requirements)

\_\_\_\_\_

\_\_\_\_\_

### Name to appear on Badge

\_\_\_\_\_

### Cancellation Policy

All cancellations or alterations should be put in writing to the address below. Please note that there is no refund on accommodation or registration bookings after Friday 7<sup>th</sup> October 2005.

If cancellations received in writing:

By Friday 7<sup>th</sup> October, 50% of monies paid.

After Friday 7<sup>th</sup> October, NO REFUND.

### Accommodation

Please book your accommodation prior to the 11<sup>th</sup> October. Your credit card details are required to confirm your booking and will be passed on to the hotel.

### Hotel Ibis Wellington

Single Room	\$129.00 plus GST	<input type="checkbox"/>
Twin Room	\$129.00 plus GST	<input type="checkbox"/>

Arrival \_\_\_\_\_

Departure \_\_\_\_\_

Sharing with \_\_\_\_\_

Special Requirements \_\_\_\_\_

### Credit Card Details (for hotel only)

Card Type \_\_\_\_\_  
Card Number \_\_\_\_\_  
Cardholder's Name \_\_\_\_\_  
Expiry Date (mm/yy) \_\_\_\_\_

Please send your registration form and cheque to: -

Please note that credit cards are not able to be accepted for payment of registration fees.

Dr John McLachlan  
TSANZ  
P Bag 3200  
Hamilton  
Fax: 07-858 0935

e-mail: [john.mcl@wave.co.nz](mailto:john.mcl@wave.co.nz)