

Registration Form

Please complete this form and email to:
admin@nzscm.co.nz

New Zealand Society of Cosmetic Medicine
 PO Box 10-215 | Te Mai | Whangarei 0143
 T: +64 9 4365829
 M: +64 0210361793
 E: admin@nzscm.co.nz
 Tax invoice : GST Number 78-878-266

All prices quoted are in NZ dollars and are GST inclusive. One registration form per delegate please.

Registration Details

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

First Name (for badge) _____

Company/Organisation _____

Postal Address _____

City/Town _____

Telephone (____) _____ Mobile _____

Email _____

Special requirements e.g. dietary, disabilities assistance etc _____

Registration Fees

	Early Bird <i>Prior to 20th June</i>	Standard <i>From 20th June</i>	
<input type="checkbox"/> NZSCM/CPSA/ASAPS/ACCS member full registration - <i>includes one dinner ticket.</i>	\$1300	\$1420	\$ _____
<input type="checkbox"/> NZSCM/CPSA/ASAPS/ ACCS member day registration #	\$840	\$955	\$ _____
<input type="checkbox"/> Non member full registration- <i>includes one dinner ticket.</i>	\$1970	\$2090	\$ _____
<input type="checkbox"/> Non member day registration #	\$1170	\$1285	\$ _____
<input type="checkbox"/> Complimentary sponsor/exhibitor registration	n/a	n/a	\$ _____
<input type="checkbox"/> Additional sponsor/exhibitor registration	\$500	\$500	\$ _____
<input type="checkbox"/> Nurse full registration - <i>includes one dinner ticket</i>	\$1100	1250	\$ _____
<input type="checkbox"/> Light and Laser Practitioner full registration**- <i>includes one dinner ticket</i>	\$1100	\$1250	\$ _____
<input type="checkbox"/> Practice Manger **	\$690	\$690	\$ _____
<input type="checkbox"/> Delegates Partner *	\$395	\$395	\$ _____

Registration Fee sub total \$ _____

Day registrants: I will be attending Thursday Friday Saturday

** Light and Laser and Practice Managers must hold a position within an NZSCM/NZDS/CPSA/ASAPS/ ACCS practice.

Registrations will not be confirmed until a verification from the practice doctor has been received.

* Includes exhibition access, catering and Welcome Reception. **Access to plenary session is NOT permitted.**

Social Functions

Welcome Reception: Thursday 1st August

One ticket to the Welcome Reception is provided with all conference registrations, please indicate whether or not you will be attending.

- Yes I will be attending
- I would like to purchase _____ additional tickets @\$90 per person \$ _____

Conference Dinner: Friday 2nd August

- **Full NZSCM/CPSA/ASAPS/ACCS member and Nurse / Light and Laser Practitioner registration includes one Annual Dinner ticket:** Please indicate if you will be attending.
 Yes I will be attending
- **Exhibitor, Practice Manager, Delegates Partners and Day registrations do not include an Annual Dinner ticket.** Tickets are available to purchase.

- I would like to purchase _____ additional tickets @ \$250 per person \$ _____
- Social Functions sub total** \$ _____

Payment Summary

Registration Sub Total	\$ _____
Social Functions sub Total	\$ _____
Total Payment due	\$ _____

Electronic funds transfer to:

NZSCM: **12-3099-0880493-00**

Swift code ASBBN22A

Please include Delegates Surname and initial as reference

Credit Card:

Visa Card MasterCard \$ _____

Card number:

Name of Cardholder: _____

Signature of card holder: _____

Date: _____ Expiry date: _____

How to register



Scan and email the completed form with details of your electronic or credit card payment to: admin@nzscm.co.nz

Confirmation of Registration

Your registration will be recorded on receipt of your completed form and payment. A GST receipt or invoice will be sent via email within seven days.

If you have any queries please email admin@nzscm.co.nz

Annual Dinner fee

Please note that there is no reduction in the fee of a full delegate registration if the delegate decides not to attend the function.

Privacy

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

please indicate if you DO NOT wish for your name and details to be included in the list of delegates.

Photographs and/or video will be taken at conference 2019

By taking part in this event you grant the event organisers full rights to use the images resulting from the photography/video filming, and any reproductions or adaptations of the images for publicity or other purposes to help achieve the group's aims. This might include (but is not limited to), the right to use them in their printed and online publicity, social media and press releases

please indicate If you DO NOT approve the use of any images in which you appear.

Cancellation policy

Should you need to cancel your registration, you may reassign your registration to another person. Please notify NZSCM in writing. If you are unable to arrange a replacement, a full refund less an administration charge of \$100 will be made providing notification is received by Wednesday 20th July 2019. After this date, refunds are at the discretion of NZSCM. If, for reasons beyond the control of NZSCM, the conference is cancelled, the registration fee will be refunded after deduction of expenses already incurred.