

# 15<sup>th</sup> South Pacific Nurses Forum

***"NURSES AT THE HELM: Steering health across the Pacific"***

**Monday 8th - Thursday 11<sup>th</sup> November 2010  
Aotea Centre, Queen Street, Auckland, New Zealand**

## Personal Details:

Name:		
Address:		
Telephone:		
Email:		
Special requirements: (dietary, mobility or otherwise)		
Organisation Representing:		

## Conference Attendance:

	Registrants from the Pacific islands	Registrants from New Zealand, Australia and other
Full forum attendance (4days)	<input type="checkbox"/> @ \$350	<input type="checkbox"/> @ \$450
Partial Attendance:		
Day 1 (8th Nov)	<input type="checkbox"/> @ \$70	<input type="checkbox"/> @ \$100
Opening Dinner (8th Nov)	<input type="checkbox"/> @ \$50	<input type="checkbox"/> @ \$50
Day 2 (9th Nov)	<input type="checkbox"/> @ \$70	<input type="checkbox"/> @ \$100
Day 3 (10th Nov)	<input type="checkbox"/> @ \$70	<input type="checkbox"/> @ \$100
Official Dinner (10th Nov)	<input type="checkbox"/> @ \$50	<input type="checkbox"/> @ \$100
Day 4 (11th Nov)	<input type="checkbox"/> @ \$70	<input type="checkbox"/> @ \$50
TOTAL IN NZD	\$ _____	\$ _____

## Payment Details (please select one option):

- I have transferred my payment of \$ \_\_\_\_\_ to the New Zealand Nurses Organisation  
ANZ Bank account number: 01 0505 00087105 00, Swift code no: ANZBNZ22
- I enclose a cheque for the sum of \$ \_\_\_\_\_ payable to the NZ Nurses Organisation.
- I would like to pay by credit card (Visa/ Mastercard only)
- Credit card number:
- Expiry date:

**Please return your registration form by: Friday 15th October 2010**

**NZNO, PO Box 2128, Wellington, New Zealand**