HEALTH INFORMATION ASSOCIATION OF NEW ZEALAND

STUDY DAY

REGISTRATION FORM

Friday 14 May 2010 09.30am -16.00pm

Royal Society 1st Floor, 11 Turnbull Street

Thorndon – WELLINGTON

Your Name: _____

Organisation: _____

Your role within your organisation _____

What name would you prefer on your name badge?

_____

Postal Address:_____

Do you give permission for your details to be circulated on a Delegate list ? Yes /No (Please circle)

email address:

Payment

HIANZ member	$100.00	$150.00	$……

(Organisations who have "Corporate membership" may send multiple delegates at member's rates)

Non-member	$150.00	$200.00	$……..

Do you require a receipt? **(Please tick)** No ☐ Yes ☐

Do you have any special dietary requirements? No ☐ Yes ☐

If yes, please specify _____

PAYMENT WITH REGISTRATION ESSENTIAL – NO ADMISSION WITHOUT PREPAYMENT.

Please send your registration to: labelled 'HIANZ Registration'.

Lindy Pacey Te Korowai- Whariki

Capital & Coast DHB

P O Box 50 233

PORIRUA

Cheques to be made out to Health Information Association of New Zealand

For further queries about the location and programme please contact
Lindy.Pacey@ccdhb.org.nz