

Registration form for
Conference & Workshop on Anthropometry
17-19 February 2010, Auckland, New Zealand
Please fax to Auckland Bioengineering Institute
Attn Sarah Thompson
+64 9 367 7157

Contact information		
Given Name:		
Family Name:		
Preferred Name (for tag):		
Company/Institution:		
Contact Address:		
Email:		
Telephone:		
Fax:		
Are you a presenting author (circle one)?	Yes	No
If yes, title of abstract:		
For students*		
Supervisor name & email		
<p>*Note: Students must attach a copy of their current student ID and must also show it upon checking in at registration. Student registration is available for undergraduate and graduate students only.</p>		
Special requirements		
Dietary (please state):		
Other (please state):		

Conference registration (17-18th February)			
Type	Before 18 Dec	After 18 Dec	Total
Full registration (non - member)	NZD 500	NZD 600	
Full registration (HFESA/NZES/WEAR member)	NZD 450	NZD 550	
Student registration	NZD 400	NZD 500	
Workshop registration (19th February)			
Type	Before 18 Dec	After 18 Dec	Total
Full registration (non - member)	NZD 600	NZD 700	
Full registration (HFESA/NZES member)	NZD 500	NZD 600	
Full registration (WEAR member)	NZD 300	NZD 350	
Social activities			
Conference Dinner Thursday 18 th February	Cost		Total
Partner ticket	NZD 60		
Sub total			
Plus GST (12.5%)			
Total cost of registration			

Credit card payment details		Account number 650/1750	
Total amount payable (NZD):			
Card type (circle one):	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/>
Name on card:			
Card number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Security code:			
Expiry date (MM/YY):			
Cardholders signature:			
For administrative use only: Cashier's Stamp			
Amount:			
Receipt No:			
Date:			