

Registration Form

**Biennial BSRN Meeting, 13-16 April 2010
Cophorne Hotel, Queenstown, New Zealand
Registration Form**

| | | | |
|---|-----------------|--------------|----------------|
| Contact Details | | | |
| Title: | First name: | Last name: | |
| Affiliation: | | | |
| Address: | | | |
| | | | |
| Telephone: | | fax: | |
| E-mail: | | | |
| Do you want to make a presentation (specify "Oral" or "Poster") | | | |
| Title of Presentation: | | | |
| | | | |
| Hotel Room | No of Occupants | Arrival Date | Departure Date |
| | | | |
| Payment Details | | | |
| If not staying at the Cophorne there will be a registration fee of NZ\$200 to cover your contribution to conference costs (this is included in room rate at Cophorne Hotel) | | | |
| Registration Fee (if not staying at Cophorne): | | | \$ |
| Room Costs (to be paid at check out): | | | \$0000 |
| Conference Dinner (NZ\$100 per person) | | | \$ |
| Excursion cost (NZ\$30 per person) | | | \$ |
| Total Payment: | | | \$ |
| Options for Payment are listed below: | | | |
| 1. Send cheque to NIWA Lauder, PB 50061, Omakau, Central Otago (attn: G Strang) | | | |
| 2. Request an invoice from above address. | | | |
| 3. Debit against credit card (please fill in details below) | | | |
| Indicate payment Option (1, 2, or 3 (if 3, please fill in details below)): | | | |
| Credit Card (Visa, or Mastercard) | | | |
| Cardholder name: | | | |
| Cardholder signature: | | | |
| Card Number: | | | |
| Expiry Date: | | | |
| Contact Address/phone during meeting (if known) | | | |
| Flight Arrival (if known) | Date: | Time: | Flight: |
| Flight Departure (if known) | Date: | Time: | Flight: |