

# New Zealand Society of Hospital and Community Dentistry

## 2009 Conference



**31<sup>st</sup> July – 1 August  
Cophorne Lake Front Resort  
Queenstown, New Zealand**

The annual conference for the NZSHCD is being held in the winter wonderland of Queenstown at the end of July.

We are looking forward to seeing you down in the South for two great days of presentations from our colleagues who work in Hospital and Community Dentistry services within New Zealand and from overseas.

As usual this conference relies on us presenting at this event and in particular our junior staff who always have such great topics -so please consider putting pen to paper (or preferably PowerPoint) and present your latest research, interesting cases or your pet project over these two days.

***Please forward this form onto your junior staff and  
colleagues if they have not been included in this email  
distribution list***





## Registration Fees

Registrations can be completed by posting the attached form and payment to:

Dr Tim Mackay  
78F Black Road  
Otatara RD9  
INVERCARGILL 9879

### Full Registration for members

Includes:

- 2 Day Scientific Programme
- Coffee/Lunch/Morning and Afternoon Tea
- Conference Dinner and Prize giving at Skyline Restaurant and includes Bus and Gondola Ride.

### One Day Registration

Includes

- Friday or Saturday Scientific Programme only
- Coffee/Lunch/Morning and Afternoon Tea

### NZSHCD Member Rates:

Senior Staff \$400.00

Junior Staff \$150.00

### Daily Rate – non members

Dentist \$250 per day

Therapist/Hygienist./Non-dentist \$150 per day

Attendance at Conference Dinner

- \$90 per person – includes transport, Gondola ride, complementary champagne and wine with meal.

### Accommodation

A special rate has been arranged at the conference venue – Copthorne Lake Front Resort – please use the attached booking form to book your room by contacting the Hotel directly.

There are a large number of other accommodation options to suit all budgets within easy walking distance of the venue.

[www.wotif.co.nz](http://www.wotif.co.nz)





## NZSHCD 2009 Conference

### Registration Form

Please tick appropriate boxes

Title	
Name	
Organisation	
Address	
Email Address	
Contact phone number	
Full Registration - members	Senior \$400 <input type="checkbox"/> Junior \$150 <input type="checkbox"/>
Day Registration – non members	Dentist \$250 per day <input type="checkbox"/> Therapist/Hygienist/Non-dentist \$150 per day <input type="checkbox"/>
Days Attending	Friday 31 <sup>st</sup> July <input type="checkbox"/> Saturday 1 <sup>st</sup> August <input type="checkbox"/> Both <input type="checkbox"/>
Presenting	Yes <input type="checkbox"/> No <input type="checkbox"/>
Time required if presenting	15 mins <input type="checkbox"/> 30 mins <input type="checkbox"/>
Presentation title if known	
Attending Conference Dinner	Yes <input type="checkbox"/> No <input type="checkbox"/> \$90 per person for non-members

### Payment Details

Payment can be made by cheque or if you wish electronically to the Societies ASB Bank Account: **12-3141-0097073 -00**. – Please ensure that there is adequate information to allow us to identify your payment. Please make cheques payable to: New Zealand Society of Hospital and Community Dentistry.

Forward your registration and cheques to:

**Dr Tim Mackay**  
**78F Black Road**  
**Otatara RD9**  
**INVERCARGILL 9879**





**COPTHORNE**  
HOTEL & RESORT  
QUEENSTOWN, LAKEFRONT

**NZ Hospital Dentistry Conference**  
**31 July-1st August 2009**  
**26000257545**

Please fax back to 00 64 3 4427472

**Surname:** \_\_\_\_\_ **First name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone: ( )** \_\_\_\_\_ **Fax: ( )** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_ **Departure Date:** \_\_\_\_\_

**Please note:** Check in time is 2.00 PM & check out time is 10.00 AM, please advise if you will be checking in prior and we endeavour to assist with your requirements

**Number of Adults occupying the room:** \_\_\_\_\_

**Number of Children (under 12) occupying the room:** \_\_\_\_\_

**ROOM REQUIREMENTS**

**STANDARD ROOM @ \$145.00**

Single

Double     Twin Share Name of sharer \_\_\_\_\_

**SUPERIOR ROOM @ \$165.00**

Single

Double     Twin Share Name of sharer \_\_\_\_\_

**SUPERIOR LAKEVIEW ROOM @ \$180.00**

Single

Double     Twin Share Name of sharer \_\_\_\_\_

**SUITE @ \$270.00**

Single

Double     Twin Share Name of sharer \_\_\_\_\_

- Extra (third) person @ \$35.00
- Special Requirements \_\_\_\_\_

**Please guarantee my booking with the credit card number listed below:**

**Card Type:** \_\_\_\_\_ **Number:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Conference accommodation information:**

- **Cancellation policy: cancellation fees may apply (please check with reservations)**
- **All requests are subject to availability**
- **If a credit card is not available, please forward the total accommodation cost (including GST) to confirm this booking**

