



Registration Form

To register please complete and return the registration form below:

Fax to: +44 (0) 1865 843958

Mail to: Charlotte Wilkins, NETNEP 2010 Conference Secretariat, Elsevier Ltd., The Boulevard,
Langford Lane, Kidlington, Oxford, OX5 1GB, UK

Please register me for NETNEP 2010 ☐

Delegate Details	
Title:	
Family Name:	
First Name:	
Job Title:	
Organization:	
Address:	
Post Code / Zip Code:	
Country:	
Tel:	
Fax:	
Email:	
Special Access or Dietary Requirements:	

- Please tick this box if you do not wish your name and affiliation to be included in the list of attendees given to delegates at the meeting ☐
- Please tick this box if you do wish your email address to be given out to delegates of this conference, in the knowledge that it may be used by them for future 3rd party mailings ☐
- Presenters should provide their abstract reference number in order to ensure that their material is included in the final program and abstract book: [e.g. NURS] Ref: _____

Registration Rates (please select)

- ☐ Early booking delegate registration (received by 29 January 2010) – €385 plus VAT @10% = **€423.50**
- ☐ Late booking delegate registration (received after 29 January 2010) - €415 plus VAT @10% = **€456.50**
- ☐ Student registration¹ – €210 plus VAT @10% = **€231.00**
- ☐ Optional conference dinner - €50 plus VAT @10% = **€55.00** per ticket. Please book _____ tickets

All registration rates are quoted in Euros. VAT is at the Australian rate of 10%.

¹The student fee applies to those registered for a pre-registration diploma or degree in nursing or midwifery. Full time post graduate students are also eligible. This rate is not applicable to post-doctoral students. Students should include a signed letter from their supervisor/head of department attesting to their student status.

Payment Details	
Total Payment Required €:	
I wish to pay by BANK TRANSFER – Please tick <input type="checkbox"/>	
I wish to pay by CHEQUE – Please tick <input type="checkbox"/>	
I wish to pay by CREDIT CARD – Please tick <input type="checkbox"/>	
Card Type:	
Card Number:	
Expiry Date:	
Today's Date:	
Name & Address of cardholder if different from above	
Name:	
Address:	

I confirm that all of the above information is correct and that I am the valid credit card holder or authorised to enter into this transaction on behalf of the individual identified above, who is the valid credit card holder.

Declaration

(Please note that unsigned forms cannot be accepted)

I have read and agree to abide by the payment and cancellation terms, and I understand that this form confirms my conference booking. I accept that from now on charges will be imposed for cancelled registrations, and that up to the full registration fee will be payable if I am unable to attend the conference for any reason.

Signed:

Date:

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