

NATIONAL REFUGEE HEALTH CONFERENCE

*From the Grassroots Up - Toward a Coordinated, Countrywide
Blueprint for Refugee Health in New Zealand*

REGISTRATION

Please print and return by e-mail, regular mail or fax.

Conference details

- **Date:** Wednesday 30 May 2007
- **Times:** Arrivals for registration from 8:00am; Powhiri at 9:00am
- **Place:** Orakei Marae, Kitemoana Street, Orakei, Auckland, New Zealand

1. Participant information

Please note that this is how you will be indicated on your badge and the list of participants.

Surname: _____

First name: _____

Title: _____

Institutional Affiliation: _____

Position: _____

Address: _____

Postal code: _____ City: _____

Country: _____

Telephone: _____

Fax: _____ E-mail: _____

___ **Organisational Representative** ___ **Refugee Community Delegate**

Representing: _____

2. Conference Fees

- **For Government Departments, NGOs, District Health Boards, Organisations: NZ\$ 50 per person**
- **For Refugee Community Delegates: NZ\$ 10 per person**

3. Payment

I will pay by:

£ Credit card: £ Mastercard £ Visa £ American Express £ Other _____ Credit card number:
_____/_____/_____/_____ Expiry date: ____/____ Name as it appears on
card: _____

£ Cheque: Please make cheques payable to : Refugee Council of New Zealand

Date: ____/____/____

Signature: _____(unless returning this form by email)

Return completed registration form and payment, by post, fax or email to:

Registrations
National Refugee Health Conference
Refugee Council of New Zealand
PO Box 68704
Newton
Auckland 1145
New Zealand

Fax: 09 846 9763
E-mail: info@rc.org.nz

Telephone enquiries:

Landline: 09 846 9761
Mobile: 021 774 430