



ANZBMS Clinical Densitometry Training Course

20-22 May 2011 The Brentwood Hotel, Wellington



Registration Form

Contact Details

Organisation _____

Postal Address _____

_____ Post Code

Phone: _____ Fax: _____ Email: _____

Densitometer

Brand	Model	Software Version	Experience

Registration details

Surname	Forename	Tertiary educated	Year graduated	DEXA licence	Issued by:	Registering for A, B, C, D*
1		Y/N		Y/N		
2		Y/N		Y/N		
3		Y/N		Y/N		
4		Y/N		Y/N		
5		Y/N		Y/N		
6		Y/N		Y/N		

(A copy of your relevant tertiary qualification/ DEXA licence should be enclosed).

Registration Fee

	Full rate \$NZ	Number attending	Total	
*A Accredited ANZBMS DEXA course	790	X =	_____	(To gain accredited qualification)
B ANZBMS DEXA course (no exam)	700	X =	_____	(For those already with certificate)
C Hot Topics (extra cost, not included in course fees)	350	X =	_____	
D Workshops only	350	X =	_____	

(paid after 8 April)

Total sum \$ _____ (inc. GST)

To take advantage of the earlybird rates please ensure your registration reaches us by Friday 8 April and is accompanied with full payment.

Please make cheques payable to Osteoporosis NZ or credit directly into our National Bank account - 060501 0830547 000

PO Box 688, Wellington 6140 Tel: 04 499 4862 Email: info@bones.org.nz