

# Clinical Pearls Evening

Date/Time: **10 April, 7.30 pm** (Registration Open at 7 pm)

Venue: **SPRINZ Seminar Room**  
AUT Millennium Institute of Sport  
17 Antares Place, Mairangi Bay  
AUCKLAND



SPORTS MEDICINE  
NEW ZEALAND INC

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**SMNZ**  
**AUCKLAND BRANCH**

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## Registration Form

### CONTACT DETAILS

Title: Last Name: First Name:

Email: Phone:

### FEES

SMNZ Member	<input type="checkbox"/>	@ \$0.00
Non Member	<input type="checkbox"/>	@ \$30.00
Student	<input type="checkbox"/>	@ \$30.00

**TOTAL PAYABLE** \$ \_\_\_\_\_

### PAYMENT OPTIONS

Credit Card Visa  Mastercard

Card Number: Expiry /

Card Name:

Electronic Transfer: (Please quote date of transfer: / / 19)

Account Name: Sports Medicine NZ Account Number: **06 0996 0706600 00**

Cheque: Cheque payments should accompany this form and be payable to "Sports Medicine New Zealand".

Return to: **SPORTS MEDICINE NEW ZEALAND**

[admin@sportsmedicine.co.nz](mailto:admin@sportsmedicine.co.nz)