

National Weight Loss Surgery Meet & Greet Weekend REGISTRATION FORM

CONTACT INFORMATION (Please fill in a new form for each person attending the Meet & Greet)

Full Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
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Street Address :	Suburb & City:	Post Code:
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Email Address	Phone: ()	Cellphone: ()
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Weightloss Surgery: (at time of conference)

<input type="checkbox"/> Pre Op <input type="checkbox"/> Post Op Fobi Pouch <input type="checkbox"/> Post Op Roux en Y <input type="checkbox"/> Post Op Gastric Sleeve	<input type="checkbox"/> Post Op Lap Band <input type="checkbox"/> Supporter <input type="checkbox"/> Other
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How did you hear about the Meet & Greet?

<input type="checkbox"/> Website	<input type="checkbox"/> Friend	<input type="checkbox"/> Support Group	<input type="checkbox"/> Surgeon	<input type="checkbox"/> Other
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ATTENDANCE INFORMATION

Meet & Greet Dinner (extra cost not included in registration and to be paid for on the day)

How many for the Meet & Greet Dinner? (including children – please specify age)	<input type="checkbox"/> Just Me * <input type="checkbox"/> Myself & my partner <input type="checkbox"/> Not Attending <input type="checkbox"/> Other	*Please select this option if a partner is also registered to attend the Meet & Greet.
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Sunday Brunch (extra cost not included in registration and to be paid for on the day)

How many for the Sunday Brunch? (including children – please specify age)	<input type="checkbox"/> Just Me * <input type="checkbox"/> Myself & my partner <input type="checkbox"/> Not Attending <input type="checkbox"/> Other	*Please select this option if a partner is also registered to attend the Meet & Greet.
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Do you have any special Dietary Requirements? (other than WLS)

<input type="checkbox"/> Diabetic	<input type="checkbox"/> Gluten Free	<input type="checkbox"/> Other
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What do you want to get out of the Meet & Greet?

PAYMENT INFORMATION

To make this weekend a success we ask that you make payment as soon as possible. All payments need to be received by Nov 1st 2010 to secure your attendance.

Cost of Attendance: **\$45.00 per person** **Included is :All speakers, lunch tea & coffee**

Dinner & Dancing is additional at approx \$15 per person for dinner (pay on the day.) Buy your own drinks. Sunday Brunch is an additional cost (pay on the day). Accommodation at your own expense.

Payment Method: (Please Select) Direct Credit/Internet Banking Cheque

Please make payments to:	Direct Credit/Internet Banking	JM Hallewell	38 9000 0763949 03 (please use surname as reference)
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Cheque	JM Hallewell	8 Ngaio Street, West End, Palmerston North, 4412
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CONTACT AND MAILING

Contact List	Please tick this box if you DO NOT your contact details to be made available to other participants. (Information will not be sold to third parties) <input type="checkbox"/> No – I do not want my details made available to other participants
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Mailing List	Please tick this box if you DO NOT wish to be contacted about other opportunities or events related to WLS – including other Meet & Greets. (Information will not be sold to third parties) <input type="checkbox"/> No – I do not want to hear about other opportunities or events
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Comments & Suggestions	If you have any comments of suggestions please contact me at janinehallewell@xtra.co.nz or phone me on 06 3582247 or 027 334 6748.
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Registrations will be open till November 1st 2010. Space is limited and registrations will be limited to 130 attendees, so be in quick.

