



diabetes
new zealand

That Golden Feeling

Diabetes New Zealand Annual Conference 2012
&
50th Annual General Meeting

CQ Hotel
213 – 223 Cuba St
Wellington

50
YEARS

25 – 27 May 2012

Application for Free Registration



Application for Free Registration

Diabetes New Zealand wishes to identify three persons to assist in its 50 year celebrations, in particular at a cake Cutting Ceremony at Government House on Friday afternoon 25 May

It is offering FREE REGISTRATION to one person who qualifies in each of the following three classes.

I would like to be considered for free registration because:

I may be the person who started insulin therapy closest to 17 Feb 1962	<input type="checkbox"/>	Go to 1 below
I may be the person with either Type 1 or Type 2 diabetes whose birth date is closest to 17 Feb 1962	<input type="checkbox"/>	Go to 2 below
My child has Type 1 diabetes and may be the person whose birth date is closest to 17 Feb 2007	<input type="checkbox"/>	Go to 3 below

1

Name
Society/Branch
Date of birth
Date of my first Insulin injection
Please provide the names and contact details of two people (non family members) who we can contact to verify this.
Contact 1
Contact 2

2

Name
Society/Branch
Date of birth
Please attach a copy of some form of documentation that shows date of birth (eg Drivers license, passport, birth certificate etc

3

My/Our Name
Child's name
Society/Branch
Date of birth
Please attach a copy of some form of documentation that shows date of birth (eg Passport, birth certificate etc

I confirm that the details above are correct to the best of my knowledge and if selected agree to attend the Afternoon Tea reception at Government House in Wellington on the afternoon of Friday 25 May and participate in the Cake Cutting ceremony.

I understand that if selected Diabetes New Zealand will cover my full Registration costs at Conference, but not my travel or accommodation costs.

Signature

To be considered this document must be received by Diabetes New Zealand on or before 31 March 2012

Please now post or fax this form, **with any attachments and a completed Registration Form**, to

Diabetes New Zealand Inc
P O Box 12 441
Thorndon
Wellington 6144
Fax 04 499 7146