



MINDS IN THE MAKING

The Gathering
Christchurch 2006

REGISTRATION FORM

Applicant Details

Name: Dr Prof*

Position/Prof. Title:

Organisation/DHB:

Address:

Work Phone:

E-mail:

* Please circle title to be used for name tags and correspondence

Registration Details

Tick items required

Early Registration - pre 14-7-06 / Registration post 14-7-06

- | | | | |
|-----------------------------|--|---------------|----------------------|
| <input type="checkbox"/> | Conference Attendance – 3 days | \$235 / \$275 | <input type="text"/> |
| <input type="checkbox"/> | Conference Dinner – 6 Sept 06 | \$55 | <input type="text"/> |
| <i>Conference Workshops</i> | | | |
| <input type="checkbox"/> | W1: Treating BPD in NZ Mental Health Services | \$100 / \$125 | <input type="text"/> |
| <input type="checkbox"/> | W2: Introduction to CAT with BPD | \$100 / \$125 | <input type="text"/> |
| <input type="checkbox"/> | W3: DBT for Young People and Their Families | \$100 / \$125 | <input type="text"/> |
| <input type="checkbox"/> | W4: Minding the Self: Therapist Self-Care | \$100 / \$125 | <input type="text"/> |
| <input type="checkbox"/> | W5: Mentalisation Therapy – Introduction (1 day) | \$100 / \$125 | <input type="text"/> |
| <input type="checkbox"/> | W6: Mentalisation Therapy – Advanced (3 days) | \$325 / \$375 | <input type="text"/> |

TOTAL PAYABLE

*Make cheque payable to Canterbury District Health Board
Ensure Cost Code No. 417.1852.0000 is on all correspondence & the reverse of any cheque*

GST No. 61-244-727

Special meals required – Details:

**PAYMENT SHOULD ACCOMPANY THIS FORM
UNLESS REGISTRATION COSTS ARE BEING PAID BY DHB TRANSFER**
If registering after 18 August 2006, pay fees at conference registration on first day of attendance.