

## ASSOCIATION OF EMERGENCY CARE TRAINING PROVIDERS (AECTP) INC

Promoting quality in emergency care training

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### Conference registration:

Please complete this form for all people attending the AECTP Conference. You will be sent an invoice with payment due prior to the Conference.

Investment:   Members \$235.00 per person  
                  Non-Members \$350.00 per person

Conference year:

Company name:

Invoice details:

How many attendees:

Attendee's name: Please **list** names of all those attending.

**Name/s:**

**Special dietary requirements:** Please tick

Gluten free ☐      Lactose free ☐      Gluten and lactose free ☐

Other: Please state requirements:

On receipt of this completed form, you will be issued an invoice along with the confirmation of your registration.

Enrolments are open until two weeks prior to the event. Places are limited so please book early.

Please email the completed form to: [bianca@aectpnz.org](mailto:bianca@aectpnz.org)