



**How do you wish to pay the registration fee?**

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Other (please contact us to discuss arrangements).

Signature:

**Return this form:**

*By post:*

Canterbury Health Science Research Conference  
c/o Canterbury Medical Research Foundation  
PO Box 2682  
Christchurch

*Or by fax:*

(03) 374 2176

**Questions or queries to:**

Canterbury Medical Research Foundation  
Ph: 353 1240