The BD Infection Control Conference Grants

Entry Form

Please tick the box for award entered (only one award may be entered at same conference)

- **Best Oral Presentation Award** ☐
- **Best New Oral Presenter Award** ☐

Entry forms must be received prior to finalising the Conference Programme, ***(by Thursday 15th July 2010),*** to assist in positioning on the programme. If there are constraints as to when you can and can't present your paper, please bring this to the attention of the Conference Coordinator.

Applicants will need to formally register for the conference

Name			
Address and contact details			
Employment Title / position			
NZNO number		**NDICN membership** (circle category that applies)	**Full**
			Associate
Title of Presentation			

☐ I have read and understood the Conditions of Award and confirm that I meet the criteria for award entered (Tick box).

Note: The conference organising committee may check eligibility.

Complete and return this form to:

NDICN Conference Organiser
Events 4 You
PO Box 7168
Dunedin
Fax 03 487 6625