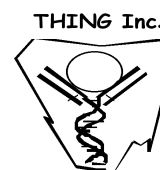




# HSANZ & THING

## Annual Scientific Dinner Meeting 2018



### Succulent Restaurant

Royal Tasmanian Botanical Gardens  
Queens Domain, Hobart, TAS, 7000

Friday 6<sup>th</sup> July 2018

6.30 pm Registration

6.50 pm Entrée

7.05 pm **Dr. Chan Cheah**

Sir Charles Gardiner Hospital and WA Lymphoma Centre of Research Excellence  
***Mantle cell lymphoma: current approaches, future directions***

7.35 pm Main course

8.00 pm **Professor Peter Browett**

**HSANZ Pitney Travelling Fellow**  
Auckland City Hospital and University of Auckland  
***Molecular haematology: the way of the future***

8.30 pm Dessert

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### Registration

Registration prior to the event is essential as numbers are strictly limited. **Registration closes 30 June 2018**  
You can register or Register and pay online at <https://www.hsanz.org.au/tas-asm-registration-form.asp>

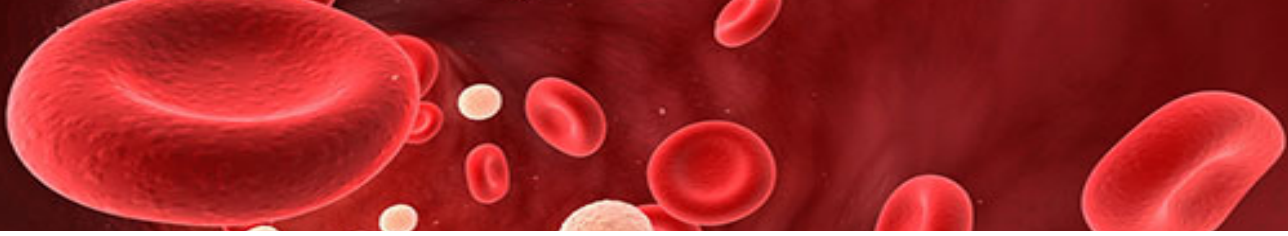
### Event Cost

HSANZ members: **Free**

Non-HSANZ members. **\$20**

Thank you to our generous sponsors





# HSANZ & THING

## Annual Scientific Dinner Meeting 2018

### Succulent Restaurant

Royal Tasmanian Botanical Gardens Queens Domain, Hobart, TAS, 7000

Friday, 7 July 2018 at 6:00 pm

## Registration Form

### Event Cost

HSANZ members: **Free**      Non-HSANZ members: **\$20**

Early registration is highly recommended, as numbers are strictly limited.

**Registration closes 30 June 2018 unless sold out prior.**

The fastest way for **HSANZ members** to register is on-line. <https://www.hsanz.org.au/tas-asm-registration-form.asp>

**Non HSANZ members** can also register and pay at our secure payment gate-way

<https://www.hsanz.org.au/tas-asm-registration-form.asp>

You can also fill in this form and email back to the HSANZ Office. <hsanz@hsanz.org.au>

Delegate Name: .....

Position: .....

Institution/ Company: .....

Contact Address: .....

Suburb: ..... Postcode: .....

Telephone: ..... Mobile: .....

Email: .....

### HSANZ Tax Invoice

(when completed by registrant) ABN 53 002 941 086

#### PAYMENT DETAILS

Method of payment:      Visa       Master Card

Card number: ..... Expiry Date: ..... Total amount \$ .....

Cardholders name: ..... Cardholders signature: .....

Please email the completed form to: Haematology Society of Australia and New Zealand (HSANZ)

**Registration closes 30 June 2018 unless sold out prior.**

Email : [hsanz@hsanz.org.au](mailto:hsanz@hsanz.org.au)

