

GST NO: 94-767-113

TAX INVOICE AND REGISTRATION FORM Payment MUST Accompany Registration (Either Cheque, Order Number or Credit Card Details)

Contact Person: Trina Paul Fax No: (07) 867 7680	Email Address: Trina.paul@ipwea.org	Postal Address:	Trina Paul C/- IPWEA NZ
- Lux 10: (07,007,700			PO Box 25415
			Featherston St
			Wellington 6146

Friday 16 November 2018, 9.00am – 3.30pm then drinks/light refreshments Venue James Cook Hotel Wellington

Closing Date for Registrations Tuesday 13 November 2018

Title:_		First Name:	Last Name	:		
Orgar	nisation:					
Purch	ase Order Nu	ımber / Reference (i	fapplicable):			
Posta	l Address:					
Email Address: Tel:						
	N	ote: You will receive	e confirmation within 1-2 busine	ss days. If not, please contact us.		
Special Dietary Needs e.g. GLUTEN FREE / DAIRY FREE						
Fees	Early Bird R	egistration Fees (bef	Fore 26 October)	\$100.00 (incl GST)		
	Registration	r Fees (After 26 Octo	ober)	\$120.00 (incl GST)		
	Cancellation	n Fees	awal must be tendered prior to	\$25.00 (incl GST)		
✓ ,	Payment Met	-				
	Cheque	\$ \$100.00 (Incl G	ST) Payable to: RCA For	ım		
	Direct Credit	\$ \$100.00 (incl 6	SST) Bank Account Detail	s: Westpac – Thames – 03 0458 0264788-04		
	Credit Card \$ \$100.00 (incl GST) Visa MasterCard					
Card N	No:			CSV No:		
Expiry Date: Cardholder's Name:						
	 E USE ONLY)		Submit form via email			
Date Re	-		Entered	Payment Actioned		
Sales N			Date	Payment Actioned Job Code		