



**NZSSES Forum
7TH October 2005
University of Auckland
Tamaki Campus
Room 734 - 203**

Please return this registration form with full payment to:

Carl Chenery
URS Ltd
P O Box 821
Auckland

Phone: (09) 355 1300
Fax: (09) 355 1333
email: carl_chenery@urscorp.com

Mr/Mrs/Ms/Miss/Dr _____
(FIRST NAME) (SURNAME)

(Company/Organisation) (email address – print clearly)

(postal address for Seminar / Conference communications) (Phone – include area code)

(Fax)

Registration Fee: (includes GST)

GST Regd Number – 10-385-946

This is a tax invoice when paid

NZSSES Member** Nil

Non-member \$20.00

** Membership subscriptions must be paid in full to receive discounted amount.

** Registration receipt will be acknowledged via email.

Method of payment:

Crossed cheque payable to NZSSES **Cash**
 Visa **Mastercard** **American Express** **Diners** **Bankcard**

Cardholders Name: _____

Signature: _____

Card No: _____ **Expiry Date:** ____/____

Amount Paid: _____ **Receipt required**

NOTES:

- IPENZ are administrating the financial functions associated with the workshop.
- Delegates are to arrange their own accommodation and transport where necessary.

CANCELLATION

- Cancellations received on or before 7 October 2005 will receive a full refund.
- Substitute delegates are welcome (extra fees may be charged subject to membership status).