

# 2010 NZIQS Annual Conference Registration

For conference details see [www.nziqs.co.nz](http://www.nziqs.co.nz)

I will be attending the NZIQS Bay of Innovation Conference, Sebel Trinity Wharf, Tauranga, 16 - 18 June 2010.

**PLEASE PRINT – USING A SEPARATE FORM FOR EACH DELEGATE (BUT INCLUDE PARTNER HERE IF APPLICABLE).**

NAME: Mr Mrs Miss Ms: .....  
 (First Name) (Surname)

Address: ..... Phone: .....

..... Email: .....

Name of Partner attending the Partner Programme: .....

		Costs (Incl. GST)	Tick Options Required	Total Remittance
<b>Full Registration (members)</b>	Includes all programmed day sessions, Welcome Reception, 17 June Classic Flyer Gala Dinner, lunches, morning and afternoon teas.	\$390.00	<input type="checkbox"/>	\$ _____
<b>Full Registration (non members)</b>	Includes all programmed day sessions, Welcome Reception, 17 June Classic Flyer Gala Dinner, lunches, morning and afternoon teas.	\$450.00	<input type="checkbox"/>	\$ _____
<b>Full Time Student Equivalent (FTSE) Registration (non-members add \$40.00)</b>	Includes all programmed day sessions, Welcome Reception, lunches, morning and afternoon teas. (Excludes Gala Dinner)	\$ 50.00	<input type="checkbox"/>	\$ _____
<b>Business sessions</b>	Includes all business sessions, lunches, and morning and afternoon teas.	\$300.00	<input type="checkbox"/>	\$ _____
<b>Business sessions – one day only</b>	Single day option available at \$160. Day one <input type="checkbox"/> or day two <input type="checkbox"/>	\$160.00	<input type="checkbox"/>	\$ _____
<b>Dinner only</b>	At Classic Flyer Aviation Museum	\$100.00	<input type="checkbox"/>	\$ _____
<b>Partners Programme</b>	Classic Flyers Gala Dinner, cooking demo, part day trips and more.	\$150.00	<input type="checkbox"/>	\$ _____
<b>AFTER 31 May 2010 ADD LATE FEE \$40.00:</b>				\$ _____
<b>TOTAL REMITTANCE:</b>				\$ _____

<b>Saturday</b>	<i>Register number interested in morning harbour tour</i>	<i>circle one two three</i>
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Please advise any special dietary requirements as an attachment to this form  
**Please make cheques payable to NZIQS** or for credit card payment enter details below.

Cardholder Name: .....  
 AMEX  MasterCard  Visa  Expiry Date: \_\_\_\_/\_\_\_\_

Card No:     -     -     -

Post form to: Conference 2010, NZIQS, PO Box 10469, The Terrace, WELLINGTON 6143 or fax to 04 473 2918