

## REGISTRATION – Benchmarking Conference and Workshop 2004

Please copy for your records and forward with payment details to P O Box 8031, Palmerston North, New Zealand or fax + 61 6 358 7595

### PLEASE COMPLETE ONE REGISTRATION PER PERSON

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

**TAX INVOICE WHEN PAID  
GST NUMBER 11-205-615**

### DELEGATE DETAILS

FirstName \_\_\_\_\_ Last Name \_\_\_\_\_ BPIR.com member: yes / no

Position \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email \_\_\_\_\_

Special requirements (dietary/physical) please specify \_\_\_\_\_

Registering for:     Conference alone     Workshop alone     Conference + Workshop

For catering purposes please advise    Attending Conference dinner    yes / no  
Attending Workshop dinner    yes / no

### ACCOMMODATION

Either     Making own arrangements / not required  
OR     Waipuna Hotel Smoking / Non-smoking    If Sharing – name of second person \_\_\_\_\_

Arrival Date \_\_\_\_\_ Arrival Time \_\_\_\_\_ Departure Date \_\_\_\_\_

**NOTE:** Credit Card details are required for deposit and will be advised to Waipuna Hotel.

**Privacy Act** – Unless we are advised otherwise your name and company details will be included on all conference/workshop lists which will be available to other delegates and sponsors of the event.

Multiple registration discounts claimed    yes/no

Names of other company registrants \_\_\_\_\_

### FEES CALCULATION (refer Fee schedule) (Include GST)

Conference / workshop fee    \$ \_\_\_\_\_

Discount for multiple registrations    \$ \_\_\_\_\_

Best Practice Report

EITHER  Strategy Deployment    \$ \_\_\_\_\_    (Workshop attendees please select one – no charge)

OR     Customer Focused Culture    (Optional for Conference attendees)

**TOTAL DUE (incl GST)**    \$ \_\_\_\_\_

### PAYMENT METHOD

- Cheque attached (payable Massey University)
- Direct Credit (Important – Please contact Rosemary ph 06 358 7155 to confirm account details)
- Please Invoice: purchase order number \_\_\_\_\_
- Please debit my Credit Card (NOTE: Card details also required to secure Waipuna Hotel accommodation)
  - VISA     MASTERCARD

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_