

ALL CONGRESS REGISTRATIONS:

ADD If after 1st November - Late registration fee (B) \$ _____
Add \$125 gst inclusive.

Subtract Discount For 3 or more delegates from the same company (C) \$ - _____
Subtract \$75.00 (on each delegate)

ADD Social Function Tickets (please indicate number required)
 Welcome Reception (Sunday night – 3rd December) \$40
 Networking “Surprise” Function (Monday night – 4th December) \$50
 Official Conference Dinner (Tuesday night – 5th December) \$80 (D) \$ _____

ADD Field Trips / Accompanying Person Activities (please indicate number required)
 Wellington Guided Walking Tour \$20
 Seal Coast Safari \$69 (E) \$ _____

WORKSHOP REGISTRATION: 7 & 8 December

These two workshops will be facilitated by **Benchmarking Partnerships** and will run 9.30am – 4.00pm each day.
Fees are GST inclusive

Thursday 7 December “Building Business Capability” Congress Delegate \$NZ 670.50
 Non-Delegate \$NZ 745.00
Friday 8 December “How to do Benchmarking Well” Congress Delegate \$NZ 670.50
 Non-Delegate \$NZ 745.00 (F) \$ _____

ACCOMMODATION

Either Thank you but I will make my own arrangements

Or Yes, please book me into accommodation as follows

Indicate 1st, 2nd and 3rd choices

A: Duxton Hotel B: Museum Hotel C: James Cook Hotel D: West Plaza Hotel

Arrival Date _____ Time _____ Departure Date _____

Smoking Non-Smoking

Occupancy: Single - One person Double - Two people (one bed) Twin - Two people (two beds)

ACCOMMODATION payment – Note: A Credit Card is required to secure your accommodation booking, but no debit will be made at this time.

Please give Card details only if different to that used for registration payment below

Visa Mastercard AMEX Diners

Card number _____ Expiry Date _____

Name on card _____ Signature _____

REGISTRATION PAYMENT: CONGRESS & WORKSHOPS

Total Registration fee

(A) + (B) - (C) + (D) + (E) + (F) = \$ _____

- EITHER **Direct credit/electronic** (Account details will be sent to you)
- OR: **Please debit my Credit Card** Visa Mastercard (Note: AMEX & Diners cards are NOT accepted)
- Card number _____ Expiry Date ____ / ____
- Name on card _____ Signature _____
- OR: **Cheque attached:** payable *Massey University*
- OR: **Please Invoice:** P/O Number _____

CONGRESS PARTNERS

