## **REGISTRATION FORM**

## **MARLBOROUGH**

					DISTR	ICT COLINCII
POST TO: Mr To	ony Quirk M	ole to: Marlboro arlborough District Cou ax 03 520 7496	ıncil PO Box	ict Council 443, Blenheim i ony.quirk@marll	7240	RICT COUNCIL
NAME:			PARTNER'S	NAME:		
(Number of people covered by this form)				Rooming	Single [	Twin Double
AUTHORITY:						
ADDRESS:						
TELEPHONE:		FAX:		EMAIL:		
DIETARY: Please ad	lvise any diet	ary restrictions for regis	strant or partner			
DATE OF ARRIVAL:	DATE OF DEPARTURE:					
AIRPORT TRANSFERS:		ansport from Blenhei nged. We require full				
Yes, we would like to	ransferral	We are flying with:	C Air New Z	Zealand C	Air 2 There	C Sounds Air
FLIGHT ARRIVAL INTO BLENHEIM	DATE		TIME		FLIGHT	
FLIGHT DEPARTURE OUT OF BLENHEIM	E DATE	,	TIME		FLIGHT	
The Conference fees		ISTRATION FEES (IN				
	\$325 Conf	erence Fee				
	\$225 Partner's Expenses					
	\$378 Accommodation - Friday & Saturday nights - <b>NB</b> \$189 for 1 night.  (Accommodation does not include breakfasts which are available at the Lodge at \$27.50 per person per morning payable direct to the Lodge)					
	Partner's Tour (optional, please respond to our query (to be invoiced)					
	Enclosed of	heque/Payment made				
		REGISTRATION - Frid				
ACCOMMODATION:	Full registra	nding on their own who are ation fees should be paid,	with refunds mad	le later if rooms ar	e shared.	
CHILD CARE:	appreciated	nts for child care may be	made with notel r	eceptionist. Prior	notice before affiva	ai would be

PRIVACY ACT:

CANCELLATIONS:

possible for cancellations after 13 January 2017. I consent to information from this form being used by the Organising Committee to compile date which may be distributed to Colloquium attendees and Colloquium sponsors. I acknowledge my right to access

Fees will be returned in full for cancellations prior to 1 January 2017. A 15% charge will be deducted from refunds for cancellations made between 2 January and 11 January 2017. No refunds are

this information. This consent is given in accordance with the Privacy Act 1993.

Payment may be direct credited to Council's Bank Account 02-0600-0202861-00. Please include Name and Reference. SOLGM

Once you have completed this entry form please save it to your computer for your records, then email a copy of the saved document to tony.quirk@marlborough.govt.nz

Date

Signature Marlborough District Council PO Box 443

Blenheim 7240

NB:

Ph: +64 3 520 7400 Fax: +64 3 520 7496 Email: mdc@marlborough.govt.nz www.marlborough.govt.nz

