

Transportation Conference 2006 IPENZ Transportation Group Workshop & Conference

CONFERENCE REGISTRATION FORM

Tax Invoice – GST Registration Number 10-385-946

Please complete this form, take a copy for your records and forward it to:

IPENZ Transportation Conference C/- Harding Consultants Ltd PO Box 5512, Christchurch Facsimile: +64 3 352 0197

If completing this form electronically please mark the boxes by clicking on the relevant one, it will automatically check. Please email to: <u>glenda@hardingconsultants.co.nz</u>

Personal Information

Surname	Title Dr 🗌 Mr 🗌 Mrs 🗌 Ms 🗍 Miss 🗍 Prof 🗍					
First Name						
Position/Title						
Organisation						
Postal Address						
City						
Telephone ()	Facsimile ()				
Cellphone ()						
Email						
Special Requirements (eg dietary, disabilities)						
Name for name badge (if different from above) (eg Professor Anthony Smith or Anthony Smith or Tony	Smith)					
Partner's Name if attending any functions						
If you do not wish your name to be included in the delegat	te list please check the box					
Registration Fees (All fees exclude GST	12.5% has to be added to total) Early Bird to 24 August 00	Standard From 4 Contamber 00				
Workshop and Conference	Early Bird to 31 August 06 \$550.00	Standard From 1 September 06 \$650.00	\$			
Workshop Only	\$400.00	\$500.00	<u>Ψ</u>			
Single Day (excludes all social functions)	Ŷ IOOIOO	4000100	Ψ			
Monday	\$180.00	\$230.00	\$			
Tuesday	\$180.00		\$			
 Wednesday (Technical Conference) 	\$180.00	\$230.00	\$			
Non IPENZ Transportation Group Member Surcharge Note IPENZ Transportation Membership costs \$55	\$ 50.00	\$ 50.00	\$			
Partners Programme - Monday	\$110.00	\$110.00	\$			
Partners Programme - Tuesday	\$120.00	\$120.00	\$			
Partners Programme - Wednesday	\$100.00	\$100.00	\$			
Registration Fees Sub-Total (excl. GST)						

Registration Fee for Conference and Workshop includes

- > Attendance at all conference sessions
- Morning and Afternoon Teas Monday to Wednesday
- One ticket to the Welcome Dinner on Sunday evening
- Bag and contents
- Lunches Monday to Wednesday
- One ticket to the Conference Dinner on Tuesday evening

Social Functi	ons	(All fees exclude	GST. 12	2.5% has	to be add	ed to tota	al)			
Icebreaker Dinner –	Sunday 8 Oc	tober 2006, at <mark>Sk</mark>	yline Go	ndola						
On		function is include attending this fun		r registrat		l won't b	e attendii	ng this functio	on	
Additional Icebreak	er Dinner Ticl	kets - Number of	tickets	@ \$	\$75.00 (pl	us GST)			-	\$
Conference Gala Dinner - Tuesday 10 October 2006										
One ticket to this function is included in your registration fee Yes; I will be attending this function No; I won't be attending this function										
Additional Conferer	ice Dinner Tie	ckets - Number of	ftickets	@	\$120.00 (plus GST	-)		-	\$
Accommoda	tion	(Please note all	room rate	es exclud	e GST. 12	2.5% has t	to be add	ded to total)		
Note : To make an arguarantee this bookir pay the full amount b	ig. No charge									
Accommodation at R	ydges Hotel is	s \$160.00 + GST	per night;	or \$205.0	00 + GST	for a suit	e.			
Single	Double			Share 1	「win			Suite		
Accommodation at G	rand Mecure	St Moritz Hotel is	\$160.00	+ GST pe	r night.		_			
Single	Double			Share 1	「win					
Accommodation at O	utrigger at the	e Beacon is as be	low				_			_
Hotel Room \$160.00 + GST	2 Bedroon \$244.00 +	n Garden View GST		2 Bedro \$337.00	oom Lake) + GST	View		3 Bedroom \$450.00 + G		
Date of Arrival		Date o	f departu	re			Expect	ted Check in	Time	
Smoking/Non-smoking Rooms Please indicate your preference Smoking Non-smoking										
If you are sharing the room please give the other person's name:										
Payment Summary										
Method of Payment	(please check	the appropriate t	oox) (Credit Ca	rd 🔝 (Cheque [Direo	ct Credit	Invoice me	please
	Registrat								-	\$
		Inctions Sub-Tota odation Deposit	I						-	<u>\$</u> \$
	, 10001111									\$
								GST	ſ@12.5% _	
Payment Opt	ione								Total	\$
Tax Invoice – GS1		on Number 10-3	85-946							
Please make your c	•			Professio	onal Engi	neers NZ	,,,			
If paying by direct o	redit, please	credit the IPENZ	Westpac	c bank ac	count no	03 0518	0134476	6 00		
Please check card ty	pe	Master	Card		Visa					
Card Number:								Expiry	v Date:	1
Name on Card:										
Billing Address: Signature				_	ate					
Please note the can	cellation poli	cy as outlined or	n the web	osite app	lies.					
Please complete this form, take a copy for your records and forward it to address details below:										
If completing this form electronically please email to: glenda@hardingconsultants.co.nz										
ransportation Con PENZ Transportatio			erence							

Harding Consultants Ltd. PO Box 5512 Christchurch. Phone: +64 3 352 5598 Fax: +64 3 352 0197 Mob: +64 27 436 3083 Email: glenda@hardingconsultants.co.nz Website: www.hardingconsultants.co.nz/transportattionconference2006

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