

**NZISM Auckland  
 Professional Development Workshop**

Thursday 4th November 2010  
 Novotel Greenlane

Your details:

Mr/Mrs/Ms/Miss: \_\_\_\_\_ Name: \_\_\_\_\_  
 Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Note: These details will be used for your conference attendance certificate so please print clearly.*

Where did you hear about this event? (tick one)

- Direct Mail       Word of Mouth       Industry Body (i.e. HRINZ)  
 Google       NZISM Website

Other: \_\_\_\_\_

I am bringing guests/colleagues with me: Y / N

If yes, please fill in their details below:

Mr/Mrs/Ms/Miss: \_\_\_\_\_ Name: \_\_\_\_\_  
 Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mr/Mrs/Ms/Miss: \_\_\_\_\_ Name: \_\_\_\_\_  
 Company: \_\_\_\_\_ Position: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Dietary requirements / special access needs: Y / N

\_\_\_\_\_  
 \_\_\_\_\_

## Payment Details:

Ticket Type	Ticket Price	Qty	Total
NZISM Member Early Bird Special	\$99.00		
NZISM Member	\$119.00		
Non-member Early Bird Special	\$129.00		
Non-member	\$149.00		
<b>Total:</b>			

To qualify for the Early Bird prices, payment must be received by Friday October 1st 2010.

### I would like to pay by cheque:

I am paying for \_\_\_\_\_ places and enclose a cheque for \$ \_\_\_\_\_ for \_\_\_\_\_ places.

Please post your cheque along with this completed form to:

NZISM Auckland  
P O Box 20681  
Glen Eden, Waitakere City 0641  
Attention: The Treasurer

### I would like to pay by direct debt:

I am paying for \_\_\_\_\_ places and will deposit \$ \_\_\_\_\_ for \_\_\_\_\_ places.

NZISM Banking Details:  
ANZ - NZ Institute of Safety Management - Auckland Branch - Training Account  
Account Number: 01-0295-0023030-02

Please include your name along with code **SYSTEMS** in the reference field to ensure your registration is processed efficiently.

Please then post, fax or email this completed form to:

NZISM Auckland  
P O Box 20681  
Glen Eden, Waitakere City 0641  
Attention: The Treasurer

Fax: 09 294 7208 (Attention: Tony Rigg)  
Email: riggs@nettel.net.nz

### I would like a receipt of payment for my cheque / deposit: Y / N

Please email my receipt to: \_\_\_\_\_ (if different from above)

### Please contact me about becoming an NZISM Member: Y / N

My preferred phone number to contact me on is: (    ) \_\_\_\_\_

I would like to be kept informed of up and coming NZISM events and activities – please subscribe me to my local NZISM branch newsletter list: Y / N

Please treat this as a pro-forma invoice.