



REANZ: Twilight Centre Tours Registration Form

CONTACT DETAILS

First Name: _____ Surname: _____
Organisation: _____
Address: _____
City/Town: _____ Postcode: _____
Telephone: _____ Fax: _____
Mobile: _____ Email: _____

REGISTRATION

	Name/s of Attendee/s & Centres to Visit	Cost	TOTAL\$
<input type="checkbox"/>	Auckland 12 th November 2013	\$20.00	_____

PAYMENT

Credit Card: Visa MasterCard Amex
Card Number: _____
Expiry Date: _____
Name on the Card: _____
Signature: _____

Cancellation Policy

Auckland: There are no refunds once registered, but we will consider substituting names.

Please send to: REANZ Events, Icon Conference & Event Management, PO Box 44195, Pt Chevalier, Auckland.
Phone: +64 9 845 5540, Email: office@iconevents.co.nz