



Registration

Name: _____

E-mail: _____

Institution: _____

Registration Fee: \$50

Payment Option 1: Credit Card (Visa / Master Card Only)

Name on Card: _____

Card Number: _____

Expiry Date: _____

Signature: _____

Payment Option 2: Cash on the day

Dietary Requirements: _____

Note: Please return this form to Siyun.Thompson@ecs.vuw.ac.nz by Friday 13th February