

# Registration Form

## NZARES Conference 5-6 July 2002

### Blenheim Country Lodge



Name (Preferred Title Prof/Dr/Mr/Mrs/Miss/Ms/None): .....

Address: .....

Telephone: ..... Fax: .....

Email: .....

**Registration Fee** (includes a copy of the Proceedings; Non-members- includes membership fee, plus am/pm teas and Friday lunch):

- |                                                                                                     |          |
|-----------------------------------------------------------------------------------------------------|----------|
| <input type="checkbox"/> NZARES/AARES Members (if paid prior to 20 June)                            | \$135.00 |
| <input type="checkbox"/> Non-NZARES/AARES Members                                                   | \$165.00 |
| <input type="checkbox"/> Students* (but FREE for students presenting papers) (includes some drinks) | \$50.00  |
| <input type="checkbox"/> Conference Dinner – Friday Night                                           | \$55.00  |
| <input type="checkbox"/> Saturday Lunch                                                             | \$13.50  |
| <input type="checkbox"/> Late Registration Fee (if registering after 20 June 2002)                  | \$40.00  |

Please note that a fee of \$40 will apply for cancellations after 20 June

Total Amount Enclosed \$ \_\_\_\_\_

I wish to be included in the List of Conference Participants (please circle): Yes / No

■ **Accommodation:**

*To be paid to the hotel on checkout*  
**\$105 (breakfast not included)**  
**per single/double/twin per night**

Yes, please book accommodation for the nights of (please tick):

- Thursday Night
- Friday Night
- Saturday Night

I request  Smoking

Non-Smoking

I would like to share accommodation Yes / No

If yes, person sharing accommodation:  
 .....

■ **Friday Night Dinner:**

Do you have any special dietary requirements?  
Yes / No

If yes, please specify: .....

■ **Travel:**

Please note your arrival details if travelling by air:

Flight No.: ..... Arrival Time: .....

Day: .....

\* **Students Only:**

I confirm that .....

is enrolled as a student at .....

Signed: .....(H.O.D.)

**Please make your cheque payable to NZARES, attach to this form and send to:**

**Sue Cassells**  
**Department of Finance,**  
**Banking and Property**  
**Massey University**  
**Private Bag 11-222**  
**Palmerston North**  
**Telephone: 06 350 5799 xtn 2094**  
**Fax: 06 350 5651**  
**Email: S.M.Cassells@massey.ac.nz**

**Note:**

*All receipts for registration fees will be handed out at the Conference.*