

CONFERENCE DELEGATE REGISTRATION FORM



www.bbfz.co.nz

Registration fee: \$350+GST per person

(Covers conference attendance, m/teas, lunch, a/teas and conference dinner.)

ATTENDANCE CLASSIFICATION

- Affiliated association member Representative of manufacturing member
Sponsor/business partner Other (please state below:)

PERSONAL DETAILS

First Name:

Last Name:

Company Name:

Which city/town are you based in?

Postal Address:

Phone number:

Mobile number:

Email address:

DATE	OPTION	COST (+GST)	NUMBER ATTENDING	TOTAL \$
13-14 October 2017	Conference Registration	\$350.00	1	\$350
Friday 13 October	Extra Guest at Gala Dinner	\$80.00		
			SUB TOTAL	
			+ GST	
			TOTAL PAYABLE	

Payment options

Cheque: Please post with form to: PO BOX 50137, Porirua

Direct credit: A Direct credit payment of \$..... was made on.....(date)
into BBFNZ conference account.

Account number 03 0521 0161571-017

