

LIVING LAKE SYMPOSIUM 2017
REGISTRATION FORM & TAX INVOICE

Registration and payments must be received by November 3, 2017

NOTE: Please complete 1 registration form per person

Please complete the registration form and email to symposium@wet.org.nz or
post to WET, PO Box 198, Tai Tapu 7645

FAMILY NAME _____ PREFERRED FIRST NAME _____

ORGANISATION (if any) _____

POSTAL ADDRESS _____

EMAIL _____

PHONE _____

IN CASE OF AN EMERGENCY - please complete the information below:

Who should we contact? Name: Phone:

What relationship is this person to you? (Partner, parent etc)?

Do you have, or have you had, any medical conditions, illnesses, allergies or disabilities which may affect you during the fieldtrip? If yes, please note these:
.....
.....

Name of your Doctor and/or the medical centre you are enrolled at?

Doctor: Medical Centre:

Phone number:

Do you have any food allergies or restrictions that we need to know about for the catering?

.....
.....

I agree that I have given an accurate record of my health and agree that emergency medical attention may be given to you in the event of an accident or illness.

Print / sign name:

(by either typing or signing your name in the space provided you have 'signed this form')

Fees (All fees are GST inclusive)

	<i>Full/concessionary* (See note below)</i>
Full symposium (field trip and presentation day)	\$75/\$45
or Field trip only (Nov 9)	\$30/\$15
Presentation Day only (Nov 10)	\$60/\$40

**Please note a maximum of one concessionary registration per person is available, regardless of concessionary type (WET member, student, beneficiary or superannuitants).*

For more information and the field day and presentation day programmes please visit

www.WET.org.nz

I will be attending (please indicate which one):

Full Symposium (Fieldtrip + Presentation) _____

Field Trip Only (Nov 9) _____

Presentation Only (Nov 10) _____

Total amount to pay: Full fee Tickets \$ _____ (including GST)

Concessionary Tickets \$ _____ (including GST)

My payment has been made by: _____ (Direct credit or cheque)

If payment is being made in association with other registrations – who is making the payment?

_____ (ie. Name of person or organisation)

Payment to: Waihora Ellesmere Trust
PO Box 198, Tai Tapu, Canterbury 7645

Bank Account 02-0860-0003375-000 for Direct Credits

All payments need to be referenced.

As the reference *please include your initial and surname and organisation*
(eg. C Jones, WET)

GST number 86-885-387

Do you require a **written receipt?** Yes

No



For further details please contact
Tina von Pein – Symposium Project Manager
Phone Mobile: 027 201 1000
Email: symposium@wet.org.nz

Please note:

We offer vegetarian and gluten free choices with all our symposium catering – it will be clearly labelled.

People participating in this event may be photographed by staff members, or others involved with the event. These photographs may be used in newsletters, websites and media releases. If you do not want your photograph used in this way please notify the organisers when you register.