CONFERENCE REGISTRATION FORM

PURCHASER DETAILS (please complete all fields)

Company:	No. of Conference Attendees:
Postal Address:	No. of Gala Dinner Attendees:
Postcode:	
Contact Name:	
Email:	
Phone ( ):	Mobile ( ):
Order Number (if applicable)	Date: / /

	FPANZ, IFE, SFPE member excl. GST	Non Member excl. GST
Full Registration: *includes attendance and catering for the full 3 days including workshops, site visit and Gala Dinner*	☐ $1255	☐ $1355
One Day Registration: Wednesday 8 October only (Limited tickets available, excl Gala Dinner)	☐ $750	☐ $850
Conference Dinner *(No Membership discount applies to dinner tickets)*	☐ $190 each No. required: _____	
	☐ Table of 8: $1500.00	

Note: The member price applies to FPANZ, IFE and SFPE Global only.

☐ **FPANZ** Member ☐ **IFE** Member ☐ **SFPE** Member

TOTAL excl. GST $

Attendee 1: *(please complete all fields)*

Contact Name:

Phone ( ): Email:

Dietary Requirements (if applicable):

☐ **DAY 1** *Please tick if attending. Tick attendee preferences*

☐ **DAY 2** *Please tick if attending.* ☐ **Conference Dinner**

☐ **DAY 3** *Please tick if attending.* FPANZ/SFPE/IFE/None:

Send Completed Registration form to:

Email: info@fpanz.org Ph: 0800 037 269

CANCELLATION POLICY: Cancellations will not be accepted, however delegates may transfer their registrations to another person.

PAYMENT: A tax invoice will be provided on receipt of the registration form. Delegates can also choose to pay by credit card, using either Visa or Mastercard. A surcharge applies to all credit card transactions.

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Attendee 2: *(please complete all fields)*

Contact Name:

Phone ( ): Email:

Dietary Requirements (if applicable):

☐ **DAY 1** *Please tick if attending. Tick attendee preferences*

☐ **DAY 2** *Please tick if attending.* ☐ **Conference Dinner**

☐ **DAY 3** *Please tick if attending.* FPANZ/SFPE/IFE/None:

Attendee 3: *(please complete all fields)*

Contact Name:

Phone ( ): Email:

Dietary Requirements (if applicable):

☐ **DAY 1** *Please tick if attending. Tick attendee preferences*

☐ **DAY 2** *Please tick if attending.* ☐ **Conference Dinner**

☐ **DAY 3** *Please tick if attending.* FPANZ/SFPE/IFE/None:

Attendee 4: *(please complete all fields)*

Contact Name:

Phone ( ): Email:

Dietary Requirements (if applicable):

☐ **DAY 1** *Please tick if attending. Tick attendee preferences*

☐ **DAY 2** *Please tick if attending.* ☐ **Conference Dinner**

☐ **DAY 3** *Please tick if attending.* FPANZ/SFPE/IFE/None:

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