



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
EARLYBIRD Registration: (closes 31 August 2025) <i>includes attendance and catering for the full 3 days including workshops, site visit and Gala Dinner</i>	<input type="checkbox"/> \$1155	<input type="checkbox"/> \$1255
One Day Registration: Wednesday 8 October only (Limited tickets available, excl Gala Dinner)	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850
Conference Dinner (No Membership discount applies to dinner tickets)	<input type="checkbox"/> \$190 each No. required: _____	
	<input type="checkbox"/> 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):
<input type="checkbox"/> DAY 1 Please tick if attending. Tick attendee preferences
<input type="checkbox"/> DAY 2 Please tick if attending. <input type="checkbox"/> Conference Dinner
<input type="checkbox"/> 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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