

ISANA 2008

SkyCity Convention Centre Auckland, New Zealand, 2-5 December 2008

Multi-Booking Registration Form: one person from your organisation must coordinate the booking and all correspondence and amendments must come via the coordinator. One confirmation will be sent back to the coordinator; not to each person listed. The coordinator is responsible for liaising with staff members and confirming their individual details, including accommodation bookings.

Organisation: _____
 Contact Name: _____
 Postal Address: _____

Suburb/Town/City: _____ State: _____ Postcode: _____
 Telephone: _____ Facsimile: _____
 Email: _____

Registrations & Functions: List names exactly as they are to appear on the name badges. Indicate the registration category for each person and the functions they wish to attend. ① Each exhibition booth includes two exhibitor registrations. The Inclusive Exhibitors include the welcome reception and the dinner. The Additional Exhibitors only include the welcome reception, but may purchase dinner tickets.

#	Title	First Name	Last Name	Exhibitor Inclusive No Charge	Exhibitor Additional \$400.00	Welcome Inclusive	Dinner Inclusive	Dinner \$95.00
1								
2								
3								
4								
5								
6								
7								
8								
Sub-total					\$			\$
Total					\$			\$

Special Requirements: Please note any special dietary, mobility or medical information for individual delegates. Include the delegate's name.

Accommodation: Refer to the registration brochure or web site for the accommodation options, rates and full conditions.

#	Name	Hotel	Room Type	Arrive	Depart	Non-Smoking	Sharing with...
1							
2							
3							
4							
5							
6							
7							
8							
Comments							

Accommodation Guarantee

Credit card: The card details will be passed to the hotel as a guarantee and guest will need to pay on check-out. See the web site for conditions.

Card Type: Visa MasterCard Diners Amex

Card Holder: _____

Card Number: _____

Expiry Date: _____

Signature: _____

Pre-payment: The following amount will be included in the tax invoice we send back. Accommodation pre-payment must be received 30 days prior to the conference.

One night per room

Full accommodation amount

Payment Summary: Payments must be received at the time of booking. Bookings without payments will not be accepted.

Registrations:	\$
Social Functions:	\$
Accommodation Pre-Payment:	\$
Total:	\$

Authorised

Signed: _____
Name: _____
Date: _____

Payment Options

Cheque (made payable to Conference Design)

Credit Card

Card Type: Visa MasterCard Diners Amex

Card Holder: _____

Card Number: _____

Expiry Date: _____

Signature: _____


EFT


Date: Reference: _____

BSB: 017 324
Account #: 1085 82575
Account Name: Conference Design
Bank: ANZ, Sandy Bay Branch
Swift Code: ANZBAU3M

Send the completed form to: Conference Design Pty Ltd

 info@cdesign.com.au

 03 6231 2999

 03 6231 1522

 228 Liverpool Street, Hobart TAS 7000