

NZSAG 20TH BIENNIAL CONFERENCE

Saturday 22nd to Monday 24th October 2016

LIGHT + FORM

REGISTRATION FORM

Please complete and send with registrations fees.

Name(s): (Include both names if registering two people)

Address: _____

_____ **Post Code:** _____

Email: _____ **Phone:** _____

Early Bird Registration paid by August 31st, 2016.

Members (per individual)	\$200	\$ _____
Full-time Students (ID required)	\$150	\$ _____
Non Members	\$250	\$ _____

Registrations paid from September 1st, 2016.

Members (per individual)	\$250	\$ _____
Full-time Students (ID required)	\$200	\$ _____
Non Members	\$300	\$ _____

Saturday Evening Awards and Presentations Dinner, October 22nd

(Waipuna Hotel - Full Buffet Dinner and Dessert)

Additional Cost Per Person \$ 45 (number) _____ \$ _____

Monday October 24th, Demonstration Day - Pro Sign Services Ltd

Includes: Guest artist demonstrations and lunch

Additional Cost Per Person \$ 15 (number) _____ \$ _____

REGISTRATION SUBTOTAL \$ _____

Membership Fees: (1 or 2 year subscription) \$ _____

If you have received an overdue notice and wish to pay, please add fee.

If you are a new member, complete and enclose membership form & fee.

(Download membership form from www.nzsag.co.nz)

TOTAL AMOUNT ENCLOSED/DEPOSITED \$ _____

PAYMENT

Cheque: Please post cheque and this form to NZSAG, P.O. Box 68805, Newton, Auckland 1145.

Direct Credit: Bank details are as follows: NZSAG 12 3012 0801757 00

Reference Field: First four letters of surname and first four letters of first name.

Code Field: Enter CONF

Scan the form and email to subs@nzsag.co.nz

For International Payment: ASB BANK, 309 Ponsonby Road, Ponsonby, Auckland.

Account Number: 12 3012 0801757 00

Swift Code: ASBBN22A

NZSAG, P.O. Box 68 805, Newton, Auckland, 1145. NEW ZEALAND.

