

## **IFSO SCHEME CONFERENCE: Look back, move forward**

Langham Hotel, Symonds Street  
Wednesday 20 September 2017

### **REGISTRATION FORM**

**Please complete a registration form for each delegate and email to: [conference@ifso.nz](mailto:conference@ifso.nz)**

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FIRST NAME:

LAST NAME:

ORGANISATION:

JOB TITLE:

EMAIL:

PHONE:

Special dietary request:                      Yes/No

**EARLYBIRD REGISTRATION:**                      \$150.00 + GST (per person)

Registrations after 31 August:                      \$180.00 + GST (per person)

For catering purposes, could you please indicate if you intend to stay for drinks:

Yes

No

### **DO YOU REQUIRE AN INVOICE?**

Yes

No

Please indicate who the invoice should be made out to:

### **PAYMENT OPTIONS**

Payment made by internet banking. Please use invoice number as a reference.  
Bank account number: **06 0501 0652779 25**

A cheque for \$\_\_\_\_\_ to the IFSO Scheme, PO Box 10-845, Wellington 6143