

**ANNUAL SYMPOSIUM & AGM 6-7 JUNE 2015
REGISTRATION FORM**

Fee \$40.00 per Person (includes Saturday tea/coffee and cocktail party)

Name: _____

Address: _____

Club: _____

Phone: _____ Email: _____

Cocktail Party – Attending: Yes No

With Partner: Yes No

Partner Name: _____

Accommodation Required: Yes No

Type of Room -

Single: Twin: Double:

If Twin – Sharing with: _____

Arrival - Date: _____ Departure Date: _____

Credit Card Details: Mastercard Visa

Card Number _____ / _____ / _____

Expiry Date mm _____ yyyy _____

Saturday Lunch Required: Number No

Club Delegate: Yes No

Proxy For: _____

Payment:

Registration fee \$40.00 per person \$ _____

Saturday lunch \$25.00 per person \$ _____

Total payable to Gliding New Zealand \$ _____

Cheque enclosed with this form

Online to **02-0568-0304955-00** (please put your last name in reference field)

Send to Paula Ruddick by 1 June 2015:

By post to 15 Tongariro Street, Paraparumu 5032

or

Email to vaughanandpaula@paradise.net.nz