

Registration Form

To register on-line: www.lianza.org.nz

Please complete this form and take a copy for your records. Please forward completed registration form and payment to:

LIANZA 2009 Conference

C/o Conference Innovators, PO Box 13 494, Christchurch 8141, Fax: 03 379 0460. One form per delegate

Tax Invoice: GST Number: 99 988 657

Please note the increase in delegate registration fees after **Saturday 29 August**.

Delegate Information

Surname _____ First Name (for name badge) _____

Company / Organisation _____

Postal Address _____

City/Town _____ Post Code _____

Country _____

Telephone (_____) _____ Mobile _____

Email _____

Special requirements e.g. disabilities etc. _____

Dietary requirements e.g. vegan, gluten free etc. _____

A Registration Fees

Please note: Early Bird Registration must be accompanied by FULL PAYMENT

| | Early Bird Prior to Friday 28 August | Late From Saturday 29 August | |
|---|---|---|----------|
| LIANZA Member ⁽⁰¹⁾ | \$625.00 | \$725.00 | \$ _____ |
| Non-Member ⁽⁰²⁾ | \$945.00 | \$1,045.00 | \$ _____ |
| Student ⁽⁰³⁾ | \$350.00 | \$350.00 | |
| LIANZA Member - Day Registration* ⁽⁰⁴⁾ | \$300.00 | \$300.00 | \$ _____ |
| Non-Member – Day Registration* ⁽⁰⁵⁾ | \$450.00 | \$450.00 | \$ _____ |
| Student – Day Registration* ⁽⁰⁶⁾ | \$150.00 | \$150.00 | \$ _____ |
| Exhibition Only – Tuesday 13 October | | | |
| LIANZA Member ⁽⁰⁷⁾ | \$75.00 | \$75.00 | \$ _____ |
| Non-Member ⁽⁰⁸⁾ | \$100.00 | \$100.00 | \$ _____ |

If you are registering as a member, please indicate your association: _____

Membership number: _____

* I will be attending the Conference on (for Day Registrations):

Monday Tuesday Wednesday

| | |
|--|-----------------|
| Registration Fees Sub Total (GST inclusive) - A | \$ _____ |
|--|-----------------|

B Social Functions

Welcome Reception – Monday 12 October

- Yes, I wish to attend
Complimentary for full Conference Registration No Charge
- No, I do not wish to attend
- I would like to purchase additional tickets.
No. of additional tickets _____
@ \$45.00 per ticket, per person \$ _____

Newcomers Morning Tea – Tuesday 13 October

- Yes, I am new to the profession or a first time LIANZA Conference delegate and I wish to attend the Newcomers Morning Tea No Charge

SOL Square Evening – Tuesday 13 October

- No. of tickets _____
@ \$45.00 per ticket, per person \$ _____

Social Functions Sub Total (GST inclusive) - B \$ _____

C Canterbury Library Tour

Sunday 11 October

- No. of tickets _____
@ \$10.00 per ticket, per person \$ _____

Concurrent Sessions

Please **indicate** below which of the concurrent sessions interest you the most (one tick per timeframe). Refer to programme pages.

Monday 12 October

- 2.30 – 3.15pm 1A 1B 1C 1D 1E
3.45 – 4.15pm 2A 2B 2C 2D 2E

Tuesday 13 October

- 10.00 – 10.30am 3A 3B 3C 3D 3E
11.00am – 12.30pm 4A 4B 4C 4D 4E
2.00 – 3.30pm 5A 5B 5C 5D 5E

Wednesday 14 October

- 11.15am – 12.45pm 6A 6B 6C 6D 6E

Accommodation

Please note your credit card details must be supplied to secure your accommodation booking (see across). No charges will be debited prior to check out (except late cancellation fees which may be applicable). Accommodation can be settled with cash, EFTPOS or credit card on departure.

Please indicate your preference; rooms will be allocated on first-in basis.

- Hotel SO \$89.00 per room, per night
- Copthorne Durham Street Hotel \$140.00 per room, per night
- Fino Casementi
- One bedroom \$185.62 per room, per night
- Two bedroom \$213.75 per room, per night
- Crowne Plaza \$195.00 per room, per night

Date of arrival: _____

Expected check-in time: _____

Date of departure: _____

Room type required: Single Twin Double

Special requirements: Non-smoking room request

Smoking room request

Other _____

If you are sharing the room, please give the other person's name (s):

Payment Summary

Method of Payment:

- Credit card: See below
- Cheque: Payable in NZ\$ to LIANZA 2009 Conference
- Direct credit: 06 0831 0104409 26, National Bank, Riccarton. *Please use delegate's last name and initial as a reference.*

| | |
|----------------------------------|-----------------|
| A Registration Fees | \$ _____ |
| B Social Functions | \$ _____ |
| C Canterbury Library Tour | \$ _____ |
| Sub Total (GST inclusive) | \$ _____ |
| Total | \$ _____ |

Credit Card Authorisation for Accommodation and Registration

Accommodation bookings must be guaranteed with a credit card. Please tick if you wish your Registration Fee to be deducted from this card.

- Yes, deduct my credit card for my Registration Fee.

Please circle the card to be charged: MasterCard AMEX Visa

Card number

□□□□ □□□□ □□□□ □□□□

Expiry Date _____

Cardholder's Name _____

Cardholder's Signature _____

Date _____

Privacy

The information supplied on this registration form will be shared and used by LIANZA. The Privacy Act 1993 requires that, before you name and address details can be published in the list of delegates either for distribution to fellow delegates or any other party, you must give your consent. Unless you advise Conference Innovators, your name, organisation and email address will be included on the list of conference participants distributed to delegates and sponsors.