



DOUBLE THE FEET ON THE STREET

NZ Walking Conference 2008
4-5 August, Auckland

Conference Organisers
Harding Consultants Ltd

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E: glenda@hardingconsultants.co.nz
W: www.livingstreets.org.nz/2008conf.htm
PO Box 5512, Christchurch.

CONFERENCE REGISTRATION FORM

Tax Invoice – GST Registration Number 85-951-696

Please complete this form, take a copy for your records and forward it to the address above.

If completing this form electronically please mark the boxes by clicking on the relevant box. Please email to: glenda@hardingconsultants.co.nz

Personal Information

Surname _____ Title Mr Mrs Ms Miss Prof Dr Cr

First Name _____

Position/Title _____

Organisation _____

Postal Address _____

City _____

Telephone () _____ Facsimile () _____

Cellphone () _____

Email _____

Special Requirements (eg dietary, disabilities) _____

Name for name badge (if different from above) _____
(eg Professor Anthony Smith or Anthony Smith or Tony Smith)

Partner's Name if attending any functions _____

If you do not wish your details to be included in the delegate list please tick the box

Resolve Group and GreenRide (www.greenride.com) are pleased to offer internet based secure ride sharing services to the NZ Walking Conference. If you are interested in registering for the Rideshare or Carpool option, which is an opportunity to share your car or other transport between the venue and the airport, work or home, please tick the box above.

Social Functions (All fees include GST of 12.5%)

Opening Drinks on Sunday 3 August 2008

Nibbles will be provided and a cash bar.

Yes; I will be attending this function No; I won't be attending this function

Conference Dinner – Monday 4 August 2008 (included in Registration Fee)

Yes; I will be attending this function No; I won't be attending this function

Additional conference dinner tickets – indicate number _____ @ \$78.75 (incl GST) \$ _____

Registration Fees

(All fees include GST of 12.5%)

	Early Bird Prior to 27 June 08	Standard After 27 June 08	
Registration Fee	\$450.00	\$562.50	\$
Advocates (only after application to Living Streets Aotearoa)	\$250.00	Not Available	\$

Registration Fee for NZ Walking Conference includes

- ✘ Attendance at all conference sessions
- ✘ Bag and contents
- ✘ Morning and afternoon teas and lunch – Monday and Tuesday
- ✘ One ticket to the conference dinner

Accommodation

(All fees include GST of 12.5% and are per room per night)

Note: To make an accommodation booking, you must pay a minimum of one night's deposit or provide a credit card number to guarantee this booking. No charges will be made to this card until you settle your own account on check out. If you prefer you may pay the full amount in advance by cheque or direct credit. Check in is not available until 2pm.

Please note that we are encouraging delegates to share accommodation where possible. Please indicate below if you would like to share accommodation with one other person. Please note rooms are limited to two people per room. Nearer the time of the conference we will issue a delegate list of those people who are happy to share.

I am interested in sharing accommodation. Please email my interest to others who have indicated an interest in sharing a room

If you know who you'd like to share with please specify the name _____

Waipuna Hotel

Ensuite Rooms \$168.75

Mt Richmond Hotel

Studio Rooms \$125.00 Executive Suites \$170.00

Pakuranga Motor Lodge

Standard \$100.00 Twin Studio Units \$110.00 Family Unit \$120.00

Date of Arrival _____ Date of Departure _____ Expected Check in Time _____

Single Double Twin Share

Smoking/non-smoking rooms - please indicate your preference Smoking Non-smoking

Payment Summary

Method of Payment (please check the appropriate box) Credit Card Cheque Direct Credit Invoice me please

✘ **Registration Fees**

\$

✘ **Additional dinner tickets**

\$

✘ **Accommodation Deposit (or full payment)**

\$

Total \$

Please make your cheques payable to "Living Streets Aotearoa"

If paying by direct credit, please credit the Living Streets Aotearoa: Westpac Bank account no 03 0502 0484738-00 and quote reference no CONF08.

Please tick the box for card type MasterCard Visa Amex Diners Club

Card Number: _____ Expiry Date: _____ / _____

Name on Card: _____

Billing Address: _____

Signature _____ Date _____

Please note the cancellation policy as outlined on the website applies.