


**PURCHASER DETAILS** (please complete all fields)

Company:			No. of Conference Attendees:
Postal Address:			No. of Gala Dinner Attendees:
Postcode:			
Contact Name:			
Email:			
Phone ( ): _____	Mobile ( ): _____		
Order Number (if applicable)	Date: ____ / ____ / ____		

REGISTRATION FEES <small>excl. GST</small>	FPANZ, IFE, SFPE member <small>excl. GST</small>	Non Member <small>excl. GST</small>
<b>Full Registration:</b> <i>includes attendance and catering for the full 3 days including conference dinner, workshops, site visit and delegate satchel.</i>	\$999	\$1099
<b>Two Day Registration:</b> <i>Thursday/Friday – includes attendance workshop and catering for the full 2 days (including conference dinner and delegate satchel).</i>	\$899	\$999
<b>One Day Registration:</b> <i>includes attendance workshop or site visit and catering for the full 1 day (excludes conference dinner and delegate satchel).</i>	\$415	\$555
<b>Conference Dinner</b> <i>(No Membership discount applies to dinner tickets)</i>	Ticket per head \$156	Corporate Table of 8 \$1250

Note: The member price applies to FPANZ, IFE and SFPE USA only.

 FPANZ Member   
 IFE Member   
 SFPE Member

TOTAL excl. GST \$ \_\_\_\_\_

**Please note: Registrations must be received no later than Friday 21st September 2018**

**Attendee 1:** (please complete all fields)

Contact Name:	
Phone ( ): _____	Email: _____
Dietary Requirements (if applicable): _____	

 **DAY 1** *Please tick if attending. Tick attendee preferences*
 **Site Visit 1:** Fire and Emergency NZ National Training Centre

 **Site Visit 2:** Tauranga Ports

 **FPANZ/SFPE One Day Seminar**
 **DAY 2** *Please tick if attending.*
 **Conference Dinner**
 **DAY 3** *Please tick if attending.*
**Cancellation Policy:**

All cancellations must be made in writing to FPANZ. A cancellation fee of 25% will be charged for cancellations until 30 days prior to the event. No refund will be offered for cancellations 30 days prior to the conference. A substitute may attend in place of a registered delegate.

**Payment:**

A tax invoice will be provided on receipt of the registration form. Delegates can also choose to pay by credit card, using either Visa or Mastercard.

 A **2.5%** surcharge applies to all credit card transactions.

Credit Card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
Card Number: _____
Expiry Date: ____ / ____      Card security code (CSC): _____ <small>(3-digit number on back of card)</small>
Cardholder Name: _____
Cardholder's Signature: _____

**Send Completed Registration form to:**

 Email: [info@fpanz.org](mailto:info@fpanz.org)

Ph: +64 9 414-4450.



**Attendee 2:** (please complete all fields)

Contact Name:

Phone (     ):

Email:

Dietary Requirements (if applicable):

 **DAY 1** Please tick if attending. Tick attendee preferences **Site Visit 1:** Fire and Emergency NZ  
National Training Centre **Site Visit 2:** Tauranga Ports **FPANZ/SFPE One Day Seminar** **DAY 2** Please tick if attending. **Conference Dinner** **DAY 3** Please tick if attending.**Attendee 3:** (please complete all fields)

Contact Name:

Phone (     ):

Email:

Dietary Requirements (if applicable):

 **DAY 1** Please tick if attending. Tick attendee preferences **Site Visit 1:** Fire and Emergency NZ  
National Training Centre **Site Visit 2:** Tauranga Ports **FPANZ/SFPE One Day Seminar** **DAY 2** Please tick if attending. **Conference Dinner** **DAY 3** Please tick if attending.**Attendee 4:** (please complete all fields)

Contact Name:

Phone (     ):

Email:

Dietary Requirements (if applicable):

 **DAY 1** Please tick if attending. Tick attendee preferences **Site Visit 1:** Fire and Emergency NZ  
National Training Centre **Site Visit 2:** Tauranga Ports **FPANZ/SFPE One Day Seminar** **DAY 2** Please tick if attending. **Conference Dinner** **DAY 3** Please tick if attending.**Send Completed Registration form to:**Email: [info@fpanz.org](mailto:info@fpanz.org)

Ph: +64 9 414-4450.

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