

Registration form for Mediation workshops 2010



GST Registration No. 63-674-966
This becomes a tax invoice on payment

Name:	<input type="text" value="First"/>	<input type="text" value="Surname"/>
Occupation :	<input type="text"/>	
Organisation:	<input type="text"/>	
P O Box Number:	<input type="text"/>	
City & Postcode:	<input type="text"/>	<input type="text" value="Postcode:"/>
Street Address:	<input type="text"/>	
	<input type="text"/>	<input type="text" value="Postcode:"/>
	<input type="text" value="Telephone"/>	<input type="text" value="Mobile"/>
		<input type="text" value="Fax"/>
Email:	<input type="text"/>	
Preferred name on name tag	<input type="text"/>	
Preferred name on certificate (if different)	<input type="text"/>	
Special dietary requirements	<input type="text"/>	

I wish to register for the workshop to be held in:

Location:

Date:

Fees include lunch, morning and afternoon tea and workshop materials

Early bird fee*: \$2750 inc \$306 GST

Standard fee: \$3025 inc \$336 GST

(*Early bird must be paid 1 month prior to the workshop.)

I enclose a cheque payable to LEADR NZ Inc. for \$

Or

Payment has been made by direct credit to LEADR NZ bank account number:
06-0287-0359757-00. (Yes/No) (NB: Please use your name as a reference).

NB: LEADR is unable to accept credit card payments.

Mediation workshops 2010 continued



Cancellations: Must be received in writing. Where a cancellation is received at least 21 days prior the workshop a refund (less \$250 + gst administration fee) will be given. No refunds can be given if less than 21 days notice of cancellation is received.

Transfers: Transfer for one workshop to another incurs an administration fee of \$100 + gst per transfer.

LEADR Membership: Membership of LEADR for current financial year included in fee for 5-day mediation workshop.

Application: I wish to apply for membership of LEADR*. (*Membership of LEADR is activated upon receipt and acceptance of the application form distributed at the completion of the 5 day workshop). YES/NO

Year of first admission as Solicitor or Barrister (if applicable).....

SIGNATURE _____ **DATE** _____

PLEASE COMPLETE AND RETURN WITH PAYMENT DETAILS TO LEADR NZ