

# Registration form for Advanced Skills :Family Mediation



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

Name:	First <input type="text"/> Surname <input type="text"/>		
Occupation :	<input type="text"/>		
Organisation:	<input type="text"/>		
P O Box Number:	<input type="text"/>		
City & Postcode:	<input type="text"/>		Postcode: <input type="text"/>
Street Address:	<input type="text"/>		
	<input type="text"/>		Postcode: <input type="text"/>
	Telephone <input type="text"/>	Mobile <input type="text"/>	Fax <input type="text"/>
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

**LEADR members:** \$1475 (inc \$164gst)      **Non members:** \$1700 (inc \$189gst)

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

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LEADR NZ, P O Box 10991, Wellington 6143 Tel: 04 470-0110 E: leadr@leadr.co.nz**