

Registration form for live/ video assessments 2012



Tax Invoice

GST Regn No: 63 674 966

Name:			
Occupation:			
Organisation:			
Address:			
	Telephone	Mobile	Fax
Email:			

I wish to register for the assessment to be held in (refer to website for dates):

Location:		Date:	
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Sessions times

Please indicate your order of preference by placing a number next to the session times.
(Each session is a **maximum of 2 hours long**).

- ___ 9.00am – 11am
- ___ 11.45am – 1.45pm
- ___ 2.30pm – 4.30pm

Please note: LEADR takes every care to ensure that the video assessment process is run efficiently and professionally. On rare occasions due to unforeseeable technical problems, the videoing may fail. In this case, we will invite you to complete another video at no additional fee. LEADR will make every effort to organise this at a time suitable to you.

Payment	Video Assessment Fee: \$664.70 inc gst
	<input type="checkbox"/> I enclose a cheque payable to LEADR <input type="checkbox"/> Payment has been made by direct credit to LEADR NZ bank account number: 06-0287-0359757-00. (Use your name as a reference). NB: LEADR is unable to accept credit card payments.

Signature:		Date:	
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