

NZAMT8 Conference

Conference Secretariat

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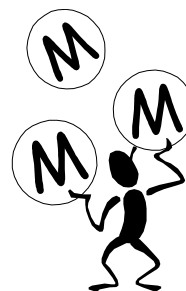
c/o Six Hats Ltd

PO Box 9584

Hamilton

NEW ZEALAND

8-11 July 2003



MOOLOO™ MATH MAGIC

REGISTRATION FORM

Please print clearly and keep a photocopy of the registration form for your records.

This form may be used as a **TAX INVOICE**.

GST No: 84 208 531

SECTION A: - GENERAL INFORMATION

Title: (Please circle) Dr / Mr / Mrs / Ms / Other: _____

Surname: _____ First Name: _____

Organisation: _____

Position: _____

Billing Address: _____

Suburb: _____ Town/City: _____

Telephone: Day _____ Facsimile: _____

Telephone Evening _____ E-mail: _____

Preferred name on name badge: _____

Special requirements, eg. Dietary, wheelchair access, etc _____

Education sector: (Please circle) early childhood, primary, intermediate, secondary, tertiary, other _____

Please indicate your attendance at the following sponsored events (i.e. No charge):

Casio Happy Hour (Tuesday 5.30pm) [] Casio Breakfast (Wednesday 7:30am) []

Delegate List: The Privacy Act 1993 provides that, before your name and address details can be published in the list of delegates, either for distribution to other delegates or to any other party, you must give your consent. If you DO NOT wish to have your name and address (city/town & email only) details included in the delegate list please tick. []

SECTION B: - ACCOMMODATION:

The conference will not book accommodation for delegates. However to assist in arranging coach transport to St Paul's from the city please indicate where you are staying. You will be notified of collection points before the conference.

To assist you, a list of suggested accommodation options is included. Please photocopy for your own records.

Name of Accommodation Venue:

Check in date: Expected time of arrival:

Check out date:

Please tick if you require coach transport from the city: [] Own transport []

