

APLA Regional Conference 2009 Registration Form

Prof Dr Mr Mrs Ms Miss

First Name: Last Name:

Organisation: Position:

Phone: Fax:

Email:

Address:

Accompanying Person Name, if any:

Prof Dr Mr Mrs Ms Miss

First Name: Last Name:

Category	Fee (US\$)	Event	Attending	Accompanying Person
APLA Member	1,000 <input type="checkbox"/>	Opening Dinner, 9 Nov	<input type="checkbox"/>	<input type="checkbox"/>
WLA Member	1,300 <input type="checkbox"/>	Cocktail Function, 10 Nov	<input type="checkbox"/>	<input type="checkbox"/>
Non-APLA / Non-WLA Member	1,800 <input type="checkbox"/>	APLA AGM, 11 Nov	<input type="checkbox"/>	APLA Members only
Accompanying Person	500 <input type="checkbox"/>	Networking Day, 12 Nov		
		Option 1 - Wine Tour or	<input type="checkbox"/>	<input type="checkbox"/>
		Option 2 - Cruise (tbc)	<input type="checkbox"/>	<input type="checkbox"/>
Total Fee(s)	\$ _____			

Special Dietary Requirements:

Please email your completed form to APLA09@nzlotteries.co.nz

or post it to:

APLA 2009 Conference Registration
 NZ Lotteries
 PO Box 3145
 Wellington
 New Zealand

