

**NZACT CONFERENCE REGISTRATION FORM**

**11th Biennial New Zealand Association of Classical Teachers Conference 2009**

**View from the Capital**

To be held at

Samuel Marsden Collegiate School, Marsden Avenue, Karori, Wellington

Sunday 5th July - Tuesday 7th July 2009

Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Address for Correspondence: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Registration. Please Tick the Appropriate Boxes:

- |                          |        |                             |
|--------------------------|--------|-----------------------------|
| <input type="checkbox"/> | 145.00 | Current Member at 31.3.2009 |
| <input type="checkbox"/> | 185.00 | Non- Member                 |
| <input type="checkbox"/> | 100.00 | Student/Unwaged             |
| <input type="checkbox"/> | 185.00 | Late Enrolment              |

I wish to attend the Conference Dinner and have the Cost of the Dinner added to my Invoice.

**Please return this Form by Mail/Fax/Email**

**TO:** The NZACT Treasurer  
PO Box 167 Westpark Village,  
West Harbour  
AUCKLAND 0661

**Fax:** (09) 416 1438

**Email:** rgilmour@polygraphianz.com

On Receipt of your Registration

**You will be sent an Invoice**

for payment by:

- Cheque made out to NZACT at the address of the NZACT Treasurer
- Direct Banking to the NZACT Conference Account: 03 1592 045223 (0)01

**Please quote your name or Invoice Number on Direct Banking Transactions.**