

**NEW GOVERNANCE PROFESSIONALS SYMPOSIUM REGISTRATION FORM**

**WEDNESDAY 17 APRIL AND THURSDAY 18 APRIL 2024**

Deleted: THURSDAY

**WELLINGTON**

Please return your completed registration form by email to: [info@meetinggovernance.co.nz](mailto:info@meetinggovernance.co.nz)

Please enter your details in the table below or use the table on page 3 to register 2 or more attendees:

Name	
Business Title	
Council / Organisation	
Council address	
Delegate's email address (a registration confirmation email will be sent to the Delegate's email address)	
Telephone (work)	
Telephone (mobile)	
Length of time in this role	
Do you have any special dietary requirements? Please list if "Yes"	<b>No</b> <b>Yes</b> <b>List</b>

### Payment Arrangements

Please pay the workshop fee which is per person to the following account as part of the registration process.

The workshop fee is \$1,075.00 plus GST \$161.25 = \$1,236.25

### Please complete the following to enable us to invoice your Council:

Purchase order number -

Address to email invoice to -

### CANCELLATIONS AND REFUNDS

- If cancellation of registration is received 7 working days or more prior to the start of the event, the registration fee will not be invoiced, or if pre-paid, a full refund will be given.
- If a cancellation of registration is received less than 7 working days prior to the start date of the event, or in the case of registered non-attendees, the registration fee will be payable in full and no refund given.
- Once a completed registration form has been received, any cancellation request must be made to Meeting and Governance Solutions.
- Meeting and Governance Solutions reserves the right to cancel any event due to insufficient registrations.

### Topics I would like covered at the workshop.

Please list any topics that you would like to be specifically addressed at the workshop:

MEETING AND GOVERNANCE SOLUTIONS LIMITED – Contact:

Vern Walsh      Mobile – 021 770 283  
Steve McDowell      Mobile – 027 627 3606

Email      [info@meetinggovernance.co.nz](mailto:info@meetinggovernance.co.nz)

## REGISTRATION FORM FOR MULTI ATTENDEES

To register multi attendees please complete the following section:

Council / Organisation:		Council address	
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Delegate Details:

Name	Business Title	Delegate's email address	Telephone (work)	Telephone (mobile)	Length of time in this role	Do you have any special dietary requirements? Please list if "Yes"