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**new governance professionals Registration Form**

**MONDAY 22 AND TUESDAY 23 NOVEMBER 2021**

**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 |  |
| Postal 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” | **No**  **Yes**  **List** |

**Payment Arrangements**

The workshop fee which is $900.00 + GST ($135.00) = $1035.00 including GST per person.

|  |
| --- |
| 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:

Steve McDowell Mobile – 027 627 3606

Vern Walsh Mobile – 021 770 283

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: |  | Postal Address |

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” |
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