



also choose to pay by credit card, using

A **2.5%** surcharge applies to all credit

either Visa or Mastercard.

card transactions.









PURCHASER DETAILS (please comple	ete all fields)					
Company:				No. of Co Attended	onference es:	
Postal Address:					No. of Gala Dinner Attendees:	
			Postcode:			
Contact Name:						
Email:						
Phone ():		Mobile ():			
Order Number (if applicable)		Date:	/ /			
REGISTRATION FEES excl GST			FPANZ, IFE, SFPE membe	er excl. GST	Non Member excl GST	
Full Registration: includes attendance and conference dinner, workshops, site visit and dele	uding	\$999		\$1099		
Two Day Registration: Thursday/Friday – includes attendance workshop and cate the full 2 days (including conference dinner and delegate satchel).			\$899		\$999	
One Day Registration: includes attendance day (excludes conference dinner and delegate sate	ng for the full 1	\$415		\$555		
Conference Dinner (No Membership discount applies to dinner t	ickets)		Ticket per head \$156	k	Corporate Table of 8 \$1250	
Note: The member price applies to FPANZ	, IFE and SFPE USA only.	TOTA	AL excl. GST \$			
FPANZ Member IFE Member	SFPE Member	Please	e note: Registrations m			
				Friday	21st September 201	
Attendee 1: (please complete all field	s)					
Contact Name:						
Phone ():	Email:					
Dietary Requirements (if applicable):						
DAY 1 Please tick if attending. Tick atte	endee preferences					
Site Visit 1: Fire and Emergen National Training		2: Tauranga	Ports FPANZ/	SFPE Or	ne Day Seminar	
DAY 2 Please tick if attending.	Conference Dinner					
DAY 3 Please tick if attending.						
Cancellation Policy:	Credit Card: Mast	tercard] Visa			
All cancellations must be made in writing to FPANZ. A cancellation fee of 25%	Card Number:	tercard	VISa			
will be charged for cancellations until	Card Number.					
30 days prior to the event. No refund will be offered for cancellations 30 days prior	Expiry Date:/	_	Card securi (3-digit number			
to the conference. A substitute may attend in place of a registered delegate.	Cardholder Name:		3 - 5	7		
Payment:	Cardholder's Signature	e:				
A tax invoice will be provided on receipt of the registration form. Delegates can						

Send Completed Registration form to:

Email: info@fpanz.org Ph: +64 9 414-4450.













Conference Registration Form

Contact Name:				
Phone ():			Email:	
Dietary Requireme	ents (if applicable):			
DAY 1 Please	tick if attending. Tick o	attendee prefer	ences	
Site Visit	1: Fire and Emerg National Trainin		Site Visit 2: Tauranga Ports	FPANZ/SFPE One Day Seminar
DAY 2 Please	tick if attending.	Confe	rence Dinner	
DAY 3 Please	tick if attending.			
Attendee 3: (nlos	ase complete all fie	olde)		
Contact Name:	ase complete all ne	5103/		
Phone ():			Email:	
Dietary Requireme	ents (if applicable):			
DAY 1 Please i	• • •	attendee prefer	ences	
	tick if attending. Tick of 1: Fire and Emerg National Trainin	ency NZ	ences Site Visit 2: Tauranga Ports	FPANZ/SFPE One Day Seminar
_	tick if attending. Tick of 1: Fire and Emerg National Trainin	ency NZ ng Centre		FPANZ/SFPE One Day Seminar
Site Visit	tick if attending. Tick of the training of the	ency NZ ng Centre	Site Visit 2: Tauranga Ports	FPANZ/SFPE One Day Seminar
Site Visit DAY 2 Please	tick if attending. Tick of the training of the	ency NZ ng Centre	Site Visit 2: Tauranga Ports	FPANZ/SFPE One Day Seminar
DAY 2 Please DAY 3 Please	tick if attending. Tick of the training of the training of the training of the training.	ency NZ ng Centre Confe	Site Visit 2: Tauranga Ports	FPANZ/SFPE One Day Seminar
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DAY 2 Please DAY 3 Please DAY 3 Please Attendee 4: (please contact Name: Phone (): Dietary Requirement DAY 1 Please contact Name:	tick if attending. Tick of the complete all field applicable):	ency NZ ag Centre Confe cluster conferency NZ	Site Visit 2: Tauranga Ports rence Dinner Email:	☐ FPANZ/SFPE One Day Seminar ☐ FPANZ/SFPE One Day Seminar

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