

# Single-Day Registration:

## ICR & ICTOP Conference 2018

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

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

Job Title: \_\_\_\_\_

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

Mobile: \_\_\_\_\_ (Include International Code) +

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

I give my permission for the conference organisers to share my contact details with other delegates.  Yes  No

## Registration Details:

I will be paying the  member rate of \$175 per day OR  non-member rate of \$205 per day

Monday 5 November (Auckland) I will attend this session:  Yes  No \$ \_\_\_\_\_

Tuesday 6 November (Auckland) I will attend this session:  Yes  No \$ \_\_\_\_\_

Friday 9 November (Wellington) I will attend this session:  Yes  No \$ \_\_\_\_\_

Total Payment Due: \$ \_\_\_\_\_

Do you have any dietary requirements:  
Please advise if you will be or will not be attending the included dinners in Auckland and Wellington. *(fee includes dinners regardless)*

Monday:	Tuesday:	Friday:
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Do you have any special access requirements we should be aware of?  
\_\_\_\_\_

*If you have selected a member rate:*  
Please state your ICOM#  
\_\_\_\_\_

I am a member of:

- ICTOP
- ICR
- ICOM Aotearoa New Zealand
- Other (please specify): \_\_\_\_\_

## Payment Details:

Payment will be accepted on invoice or by credit card (Visa/Mastercard only)

Please **invoice \$** \_\_\_\_\_ **to:**

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

Address: \_\_\_\_\_

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

Amount: \$ \_\_\_\_\_

**OR Please debit my VISA/Mastercard for**

Name on Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

## Payment & Cancellation Details:

All refunds and cancellations are at the discretion of the conference committee and fully non-refundable after 1 October 2018.

Registrations will close on 15 October 2018.

You may reassign your registration to another person. Please contact [icomnz@museumsaotearoa.org.nz](mailto:icomnz@museumsaotearoa.org.nz) about this.

If, for reasons beyond the control of the organising committee, the conference is cancelled, registration fees will be refunded after deduction of expenses already incurred.

All conference rates are per person, GST (local tax) inclusive (15%) and in New Zealand Dollars.

Non-New Zealand delegates are advised to organise their own travel insurance.

For inquiries please email [icomnz@museumsaotearoa.org.nz](mailto:icomnz@museumsaotearoa.org.nz) or tel +64 4 499 1313

Please scan and send your completed registration form to:

**Email:** [icomnz@museumsaotearoa.org.nz](mailto:icomnz@museumsaotearoa.org.nz)