



TAOIST TAI CHI SOCIETY OF NEW ZEALAND  
(an incorporated non-profit organisation)

**Tauranga, 12 February 2012, Workshop Registration Form**

**Instructions** It is most helpful for our planning if your registration is received **before 1 February 2012**. Please include your **email address** below - it will be used to confirm your booking.

Please send registration to: **E-mail tauranga@taoist.org**

**At** 15 Koromiko St, Judea, Tauranga

**Tick as applicable**  12 February 9am to 5pm **\$25 (no half day rates)**

**Lunch** Bring a plate for a shared lunch

**Name**

**Address** Number and Street

City and Country

**Telephone** Home and Mobile

**E-mail**  **Date of Birth**

**Branch**  **Instructor?**  Yes

**Health Concerns** Do you have any health problems or special requirements?

**Emergency** Contact name  Telephone

**Food** Dietary requirements / allergies?  Yes

**Travel** Arrival Date  Flight / Bus  Time

Departure Date  Flight / Bus  Time

Airport / Bus Station transport required? At arrival  Yes At departure  Yes

**Accommodation**  Billet, note a **minimum of 3 weeks' notice** is required  Accommodation information

**Transport** Daily transport required?  Yes  To workshop  From workshop

If Yes, enter address

**Please read and sign** I accept that the Taoist Tai Chi Society of New Zealand Inc. and the local branch hosting the workshop are not responsible for any loss or damage to my personal property, or for any personal injury sustained. I undertake not to teach Taoist Tai Chi<sup>®</sup> internal arts without the express consent of the Instruction Co-ordination Committee of the Taoist Tai Chi Society of New Zealand Inc. I agree to abide by the rules and constitutions of the Taoist Tai Chi Society of New Zealand Inc.

**Signature**  **Date**

**AMOUNT OWING** **Total Due \$**

Please pay for the Workshop by one of the following methods (tick one)

**CHEQUE** - I enclose a cheque made out to **TTCS NZ** to the value of \$  With this form.

**DIRECT DEPOSIT** - I have paid the **total amount owing** to TTCS NZ Westpac bank account 03 0445 0168316 00 Using Reference Number **TGAFEB12, your name and branch.** **Date of payment**

**TIME PAYMENT** - I am paying via a Time Payment agreement (AP) and paper work is with the National Treasurer.

**CASH** - I will pay in person at Tauranga - **please do not pay at local branch.**

**Office use only** Receipt #  Date  Amt outstanding \$