



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

Wellington, 25 & 26 August 2012, Workshop Registration Form

Instructions It is most helpful for our planning if your registration is received **before 5 August 2012**. Please include your **email address** below - it will be used to confirm your booking.

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

At 1st Floor, 330 High St, Lower Hutt

Tick as applicable 25 August 9am to 5pm **\$25 per day (no half day rates)**
 26 August 9am to 4pm

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[®] 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 Workshop Fees \$ **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 **WGNAUG12, 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 Wellington - **please do not pay at local branch.**

Office use only Receipt # Date Amt outstanding \$