

NZACS/AACS STUDY TOUR REGISTRATION FORM 2007



New Zealand Association of Convenience Stores

Travel arrangements are organised by 212F PL and its partners, Ph:(613 8620 7820)

PERSONAL DETAILS

DELEGATES DETAILS Please circle Mr Mrs Miss Ms

First Name..... Surname.....

Passport Number..... Nationality..... Expiry Date.....

PARTNERS DETAILS Please circle Mr Mrs Miss Ms

First Name..... Surname.....

Passport Number..... Nationality..... Expiry Date.....

Relationship with Partner

COMPANY DETAILS

Company Name.....

Postal Address.....State.....Post Code.....

Which address have you provided us with: HOME WORK

Home Phone No (...) Work Phone No (...)

Mobile Fax (...)

Email Address.....

FLIGHT DETAILS

Which International Airport will you and your partner be departing from:

Auckland Wellington Other

Tour Option 1: USA, Canada and return to NZ (November 5th to 15th)

Tour Option 2: USA, Canada, Paris and return to NZ (November 5th to 19th)

ACCOMODATION

Room Type: Double (King Bed) Single Twin Share (Two Single Beds) Other (You will be contacted)

Please note Single room supplement for **Option 1 is NZ\$1,305.00** and **Option 2 is NZ\$2,075.00**

DEPOSIT

A deposit of NZ\$2,000.00 is required (for each person named on this form) to process this registration. You/Your company will be invoiced for the balance of the Study Tour cost after your registration and deposit has been received.

PAYMENT OPTIONS

Credit Card Details:

Type: VISA AMEX MASTERCARD- BANK CARD

Service Fee of 4% for all credit card payments

Name as on card:

Card Number:

Expiry Date: ___ / ___

Cheque: Please make cheques out to **NZACS/AACS** and send to P.O. Box 1059, South Melbourne, Victoria, 3205

ADDITIONAL COMMENTS

Would you like a **TRAVEL INSURANCE** brochure sent to you? YES NO

T-Shirt Size S M L XL XXL

Frequent Flyer Number:

Dietary Requirements:

DECLARATION

I hereby authorise that the information I have provided is true and correct and I have read and agreed to the Terms and Conditions stated on the back of this registration form.

Signature Date

If paying deposit by credit card please fax this form to +61 3 9682 4599 otherwise post deposit cheques to P.O. Box 1059, South Melbourne, Victoria, 3205 Australia