

# registration form



## SCA (NZ) HEALTH & SAFETY AT WORK EVENT

Company: .....  
Postal Address: .....  
Contact Email: .....  
Phone: .....

### Registration Prices

Member rate: \$40  
Non-member: \$70

Full Name	Email address	Special Dietary Requirements
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Full payment is required for registrations. Please see the following page for payment details.

*Tuesday, 16 August 2016*



**Strata Community Association (NZ)**  
E admin@stratacommunity.org.au

## **Credit Card Authorisation**

**Reason for charge:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Contact Name & Company:** \_\_\_\_\_

**Card holder name & signature:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiry Date:** \_\_ / \_\_

**CVV:** \_\_\_\_

**AMOUNT: \$**\_\_\_\_.\_\_\_\_

*Please circle*

**VISA**

**MASTERCARD**

**AMEX**

The following credit card surcharges apply: Mastercard/Visa 1.9% Amex 3.03%