

**REGISTRATION FORM: Auckland Branch**

Please fax this registration form to 04-473 6303 or post to:  
Registry Services, New Zealand Institute of Chartered Accountants,  
PO Box 11 342, Wellington

**Please note:** To be valid your registration **must** be accompanied by full payment.

Course name: .....

Name: .....

Institute ID: .....

Organisation: .....

Tel:..... Fax: .....

Postal address: .....

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Email: .....

**AUCKLAND BRANCH NEW ZEALAND INSTITUTE OF CHARTERED ACCOUNTANTS**

Payment is attached for \$ .....incl GST

(Cheque made payable to New Zealand Institute of Chartered Accountants)

or please charge my credit card:

Amex     Visa     MasterCard     Diners Club International

Cardholder's full name: .....

Card number: 

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Expiry date: ..... Signature: .....

This is a tax invoice when paid. GST No 11-119-549

Privacy Act: I do not wish my details to be:

- provided to course sponsors/presenters
- retained for the purpose of receiving professional development information

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