

# Registration Form

First Name (for Badge) ..... Family Name .....  
Company Name .....  
☐ CFP ☐ CLU ☐ AAA ☐ IFA Branch (if a member) .....  
How long have you been in the industry? .....  
Postal Address .....  
Suburb/City .....  
Phone ..... Mobile .....  
Email .....  
Special dietary requirements .....

## Registration fee

	Prior to 15 Apr	Prior to 12 Jun	After 12 Jun	
<input type="checkbox"/> Member - Full Registration	\$765	\$865	\$965	\$ .....
<input type="checkbox"/> Non-Member - Full Registration	\$1,065	\$1,165	\$1,265	\$ .....

## MasterClass – Wednesday 0830 - 1230

Please indicate if you would like to attend the above. Full details available in due course – limited numbers  
Only available to IFA Members @ \$85

- ☐ Option 1 – Investment \$ .....  
☐ Option 2 – Risk \$ .....

## Accompanying Partner \$150

Includes Conference Opening, keynote speakers and social functions only \$ .....

First Name (for badge) ..... Family Name .....  
Special dietary requirements .....

## Accommodation

Minimum of one night's deposit or credit card details required

First choice ..... Second choice .....  
Arrival Date ..... Departure Date .....  
Room type: ☐ Double ☐ Twin (2 beds) ☐ Other .....  
☐ Deposit one night ☐ Prepay all nights

## Additional tickets to the Conference Dinner

Number of additional tickets @ \$120 per person ..... \$ .....

*The Privacy Act 1993 requires that, before your name and address details can be published in the list of delegates either for distribution to fellow delegates, or any other party, you must give consent. If you DO NOT wish your name and details to be included in the list of Conference attendees, please tick ☐.*

*If you tick this box your details will not be forwarded to sponsors. You should be aware that if you make this choice you may not be invited to company hosted functions on the Wednesday evening.*

## Payment Details

- ☐ Cheque enclosed (please make payable to Institute of Financial Advisers)  
☐ Invoice Required  
☐ Mastercard/Visa. Please note: 3% surcharge will apply to all Mastercard / Visa transactions  
☐ Direct Credit Bank Account: Institute of Financial Advisers  
BNZ, Wellington Branch  
Account 020 500 0576786 02  
Please send email acknowledgement to joanne@conferenceteam.co.nz

Cardholders Name .....

Card Number .....

Expiry Date ..... Cardholders Signature .....

Please complete and return to:  
**IFA Conference 2011**  
C/O The Conference Team  
PO Box 20-051, Bishopdale, Christchurch, 8543  
Fax: 03 359 2602  
Phone: 03 359 2600