



NATIONAL ASSOCIATION OF SECONDARY DEPUTY AND ASSISTANT PRINCIPALS



NASDAP 2009 CONFERENCE REGISTRATION FORM

First name Surname

School / Company name

☐ Deputy Principal ☐ Assistant Principal ☐ Aspiring Senior Manager ☐ Other

Postal address City

Business phone Mobile

Email

Special dietary requirements or disabilities

REGISTRATION (including GST)

<input type="checkbox"/>	Member @ \$525	\$
<input type="checkbox"/>	Non Member @ \$575	\$
<input checked="" type="checkbox"/>	Late Fee @ \$99 – payable after 27 July	\$99.00

Please indicate your attendance at the following events:

WEDNESDAY

☐ Furnware Welcome Function and Tour (included)

THURSDAY

<input type="checkbox"/>	Hawke's Bay Wine Tour @ \$60	\$
<input type="checkbox"/>	Art Deco Walk / Coach Tour @ \$35	\$
<input type="checkbox"/>	Golf <input type="checkbox"/> 9 holes <input type="checkbox"/> 18 holes	
<input type="checkbox"/>	Conference Dinner @ \$75	\$

FRIDAY

☐ Breakfast (included)

ACCOMMODATION

First Choice Second Choice

Room type Arrival Date Departure Date

☐ Prepay one night only ☐ Prepay all nights ☐ Pass my c.card details to Hotel / Motel as security in lieu of deposit \$

PAYMENT OPTIONS / GST No: 69 757 642

TOTAL TO PAY \$

☐ Cheque (payable to NASDAP Conference) Order No:
☐ Visa ☐ Mastercard Expiry:
 Card Number
 Card Holders Name

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 your consent. If you DO NOT wish your name and details to be made available please tick. ☐

Post to: NASDAP Conference, The Conference Team, PO Box 20 051, Christchurch 8053 or Fax: 03 359 2602