

## Hotel Registration Form

Please **return** a completed and signed hotel registration form to: *Corporate Venues N.Z. Ltd*  
 Email: [corporatevenues@xtra.co.nz](mailto:corporatevenues@xtra.co.nz) Fax: 011-64-9-578-3638

*Please fill out completely, and photocopy for additional hotel registrations*

<b>Title</b> (Mr./Mrs./Ms./Dr.) <b>Last Name</b> <b>First Name</b>	<b>Business Title</b>
	<b>Organization Airline/Vendor</b>
	<b>Nationality</b>
<b>Mail Address</b>     <b>Phone</b>  <b>Fax</b>	<b>E-mail</b>
	<b>Arrival Date</b>
	<b>Arrival Flight/Time</b>
	<b>Departure Date</b>
	<b>Departure Flight/Time</b>
<input type="checkbox"/> <b>Are you interested in participating in the optional city tour</b> (circle) <span style="float: right; color: red;">Yes / No</span> Sunday – 15 June 2003 [included in conference registration]	
<b>AGIFORS Hotel rates (excluding GST):</b> <ul style="list-style-type: none"> <li>■ NZ\$ 150 (single/double) per room, per night (Heritage Hotel Auckland)</li> <li>■ Rates are valid from June 13 through June 20, 2003</li> <li>■ Rates are not guaranteed after 15<sup>th</sup> May 2003</li> </ul>	
<b>Room Type:</b> [ ]..Single      [ ]..Double <b>Sharing Room with:</b> <b>Preferences:</b> [ ]..Non-smoking [ ]..Smoking	
<b>Payment Information</b> <i>(required for your reservation)</i>	
[ ] .. MasterCard    [ ] .. VISA	
<b>Name on the Credit Card:</b>	
<b>Credit Card Number:</b>	<b>Expiration Date (MM/YY):</b>
I hereby authorize Corporate Venues to charge my account for the required hotel deposit. <b>Signature</b>	<b>Date</b>