

ViaStrada, PO Box 22 458, Christchurch 8142, NZ, fax (+64) 3 366 7603

Auckland SIDRA Course Details

Queries? Ring Sarah on (021) 263 3663

Two day Intermediate

30 & 31 Oct 2007

Two day Advanced

1 & 2 Nov 2007

Four day Intermediate & Advanced

30 Oct to 2 Nov 2007

Late Fee

for registration after 15 Oct 2007

SIDRA with COVER

\$1,215

without COVER

\$1,395

number of attendees

Amount Payable

Total Amount includes **GST** and is payable in New Zealand Dollars **NZ\$**

Training Venue

Cliftons, Level 2, Tower Centre, 45 Queen Street, Auckland

SIDRA Course Registration

Name

☐

Delegate

☐

Training Course Co-ordinator

Company

phone (mob)

Address

phone (DDI)

City

email

SIDRA User ID

To register more than one delegate, or if you are a Training Coordinator, please see overleaf.

Registration Process

- 1) Complete and return this form to ViaStrada.
- 2) ViaStrada will send you an invoice.
- 3) You pay ViaStrada using one of the payment methods below.



Payment Method

☐ Direct Credit

The preferred method of payment is **Direct Credit**

**Credit Card payments are accepted
from July 07 onwards**

☐ Cheque

I understand that refunds cannot be given for cancellation of registration, but another delegate maybe substituted. You are registered once ViaStrada has received your payment **and** confirmed your registration by e-mail.

Name

Signature

Date

Delegate Details

- | | | |
|----|---|---|
| 1. | Name: _____ | Email: _____ |
| | Intermediate (2 days) <input type="checkbox"/> Advanced (2 days) <input type="checkbox"/> | Intermediate/Advanced (4 days) <input type="checkbox"/> |
| 2. | Name: _____ | Email: _____ |
| | Intermediate (2 days) <input type="checkbox"/> Advanced (2 days) <input type="checkbox"/> | Intermediate/Advanced (4 days) <input type="checkbox"/> |
| 3. | Name: _____ | Email: _____ |
| | Intermediate (2 days) <input type="checkbox"/> Advanced (2 days) <input type="checkbox"/> | Intermediate/Advanced (4 days) <input type="checkbox"/> |
| 4. | Name: _____ | Email: _____ |
| | Intermediate (2 days) <input type="checkbox"/> Advanced (2 days) <input type="checkbox"/> | Intermediate/Advanced (4 days) <input type="checkbox"/> |
| 5. | Name: _____ | Email: _____ |
| | Intermediate (2 days) <input type="checkbox"/> Advanced (2 days) <input type="checkbox"/> | Intermediate/Advanced (4 days) <input type="checkbox"/> |

