



Workshop Registration & Payment Form

<p>Registration Form: Please complete the following details & return to NZCOM along with payment at least 6 weeks before the workshop date to confirm your place.</p> <p>**Your place to attend a workshop will not be confirmed unless registration & payment has been received**</p>	<p>Postal Address: New Zealand College of Midwives PO Box 21-106, Edgware Christchurch 8143 Telephone: 03 377 2732 Facsimile: 03 377 5662 Email: edadmin@nzcom.org.nz</p>
<p>Confirmation: On receipt of your registration form & payment you will receive a letter confirming your place at the workshop.</p>	<p>Cancellation Policy: NZCOM reserves the right to cancel any workshop; in the event of the workshop being cancelled a full refund will be given. You will incur an administration fee of \$50.00 if cancellation is received 2 days prior to the workshop. No refunds will be given for non-attendance.</p>

<p>REGISTRATION DETAILS: please complete one form per midwife</p>			
<p>Name:</p>	<p>Email Address:</p>	<p>Special Dietary Requirements:</p>	
<p>Contact Number:</p>	<p>Postal Address:</p>	<p><input type="checkbox"/> NZCOM Member Member No: _____</p>	<p><input type="checkbox"/> NON Member</p>
<p>Workshop Title:</p>		<p>Workshop Date & Region:</p>	
<p>Employment Status (please ✓)</p>	<p><input type="checkbox"/> Core</p>	<p><input type="checkbox"/> LMC</p>	<p>MFYP Programme Participant <input type="checkbox"/> Yes <input type="checkbox"/> NO</p>

<p>PAYMENT OPTIONS: for workshop costs please refer to NZCOM website – www.nzcom.org.nz</p>			
<p><input type="checkbox"/> Cheque attached</p>	<p>Please make cheques payable to: NZCOM</p>		<p>NZCOM OFFICE USE: NZCOM office use only on receipt of registration form & payment</p> <p>Invoice: _____</p> <p>Ack ltr sent: _____</p> <p>Pre-reading sent: _____</p>
<p><input type="checkbox"/> Direct Credited to NZCOM</p>	<p>12 3191 0008921 000</p> <p>Date banked: _____</p>	<p>Amount Paid: \$ _____</p> <p>Reference given: _____</p>	
<p><input type="checkbox"/> Credit Card (NZCOM accepts Visa & Mastercard only)</p>	<p>Card Type: _____</p> <p>Card No: _____</p> <p>Card Name: _____</p>	<p>Card Expiry: _____</p> <p>Amount to Charge Card: \$ _____</p>	