



# EMPA

**New Zealand's Emergency Communications Conference**  
Wednesday 31<sup>st</sup> July – Friday 2<sup>nd</sup> August 2019, Te Papa, Wellington

## GROUP DELEGATE REGISTRATION FORM

### 1. Group (3+) Registration

QTY	REGISTRATION TYPE	GROUP RATE	TOTAL GROUP REGISTRATION
	<b>Full Delegate</b> (Incl. workshop, welcome drinks & dinner)	NZD \$800.00 p/p	\$

*Note: Invoice will be sent to Group Leader and each delegate will receive email confirmation.*

### 2a. Group Leader Details

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Position \_\_\_\_\_

Division \_\_\_\_\_

Organisation \_\_\_\_\_

Business Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

Email (req.) \_\_\_\_\_

➤ I will be attending the half day workshop on Wed 31<sup>st</sup> July 2019  (tick box)

➤ I will be attending the conference dinner on Thurs 1<sup>st</sup> Aug 2019  (tick box)

### 2b. Delegate Two Details

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Position \_\_\_\_\_

Division \_\_\_\_\_

Organisation \_\_\_\_\_

Business Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

Email (req.) \_\_\_\_\_

➤ I will be attending the half day workshop on Wed 31<sup>st</sup> July 2019  (tick box)

➤ I will be attending the conference dinner on Thurs 1<sup>st</sup> Aug 2019  (tick box)



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### **2c. Delegate Three Details**

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Position \_\_\_\_\_

Division \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

Email (req. for confirmation) \_\_\_\_\_

- **I will be attending the half day workshop on Wed 31<sup>st</sup> July 2019**  *(tick box)*
- **I will be attending the conference dinner on Thurs 1<sup>st</sup> Aug 2019**  *(tick box)*

### **2d. Delegate Four Details**

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Position \_\_\_\_\_

Division \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

Email (req. for confirmation) \_\_\_\_\_

- **I will be attending the half day workshop on Wed 31<sup>st</sup> July 2019**  *(tick box)*
- **I will be attending the conference dinner on Thurs 1<sup>st</sup> Aug 2019**  *(tick box)*

### **2e. Delegate Five Details**

Title \_\_\_\_\_ Given Name \_\_\_\_\_ Surname \_\_\_\_\_

Position \_\_\_\_\_

Division \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_

Email (req. for confirmation) \_\_\_\_\_

- **I will be attending the half day workshop on Wed 31<sup>st</sup> July 2019**  *(tick box)*
- **I will be attending the conference dinner on Thurs 1<sup>st</sup> Aug 2019**  *(tick box)*

