

# NZCSRSC09 Registration Payment Form

Fax number: 09 373 7453

Attention Anita Lai,

Registration ID: NZCS

Name:

Credit card type (please circle): Visa Mastercard

Name on credit card:

Credit Card number:

Credit Card Expiry date (MM/YY): /

Fee (please circle): Postgrad (\$50.00) Staff (\$120.00) Other (\$200.00)

Signature:

current date: