

**PLEASE RETURN THIS COPY TO:**

Registration 9NZNOE, 18 Hurley Place, Palmerston North, 4412  
or by email to orchidexpo@xtra.co.nz

**REGISTRATION FORM**

**IMPORTANT:**

1. Please type or print legibly with ballpoint pen in block letters.
2. Please forward registration form together with full payment Registration, 9NZNOE, 18 Hurley Place, Palmerston North 4412
3. Refer to cancellation clause in the brochure.

**DETAILS OF SINGLE REGISTRANT**

Title \_\_\_\_\_ Surname \_\_\_\_\_

First Name (for badge) \_\_\_\_\_

Orchid Society \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Judge: Please circle one)

Senior      Accredited      Associate      Other

Judging Steward (please circle if you can assist)      Yes      No

**DETAILS OF ACCOMPANYING REGISTRANT**

Title \_\_\_\_\_ Surname \_\_\_\_\_

First Name (for badge) \_\_\_\_\_

Orchid Society \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Judge: Please circle one)

Senior      Accredited      Associate      Other

Judging Steward (please circle if you can assist)      Yes      No

**REGISTRATION FEES**

Please refer to the registration brochure for full details of registration.  
All prices include GST.

**A Registration—Single Registrant**

Early Bird	by 31.03.19	\$ 80	No _____	\$ _____
Standard	by 31.05.19	\$ 90	No _____	\$ _____
Late	by 31.07.19	\$110	No _____	\$ _____

**B Registration –Accompanying Registrant**

Early Bird	by 31.03.19	\$ 65	No _____	\$ _____
Standard	by 31.05.19	\$ 75	No _____	\$ _____
Late	by 31.07.19	\$ 95	No _____	\$ _____

**C Thursday Opening & Preview**

No \_\_\_\_\_ No Charge

**D Friday Sponsored Social Event**

No \_\_\_\_\_ No Charge

**E Expo Dinner & Prize-giving**      \$50

No \_\_\_\_\_ \$ \_\_\_\_\_

**F Paypal Admin Charge**

\$ \_\_\_\_\_

**TOTAL TO PAY**      \$ \_\_\_\_\_

**Payment Details:**

I am paying by (please circle)

Cheque      Internet Banking      Paypal

1. Payment by Cheque—please make cheque out to Orchid Council of NZ Inc. We are not able to accept cheques drawn on banks outside NZ.
2. Payment by Internet Banking– Bank Account No: 02 0727 0548974 05 Be sure to include your name in the payer reference so we know who the payment is from.
3. Paypal ID: g.jackson@xtra.co.nz Please note a \$5 admin charge is required if paying by Paypal

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AS YOUR RECORD OF REGISTRATION

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