



AUCKLAND CENTRE FOR  
**FINANCIAL RESEARCH**  
AUT BUSINESS SCHOOL

## 2017 Derivative Markets Conference Registration Form

10 & 11 August, 2017, Auckland University of Technology, City Campus, Auckland, New Zealand

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Preferred Name, if different from the above: \_\_\_\_\_

Email address: \_\_\_\_\_

Any Special Dietary requirements: Yes / No, please specify: \_\_\_\_\_

I intend to attend the conference dinner on the evening of the 11<sup>th</sup> August 2017: Yes / No \_\_\_\_\_

### Payment Authorisation

#### Credit Card Details

Number : \_\_\_\_\_

Expiry Date : \_\_\_\_\_ / \_\_\_\_\_

Three digit security code: \_\_\_\_\_

Please indicate which card : Master Card  VISA

Name (as appears on card) : \_\_\_\_\_

**Total amount payable in NZD** : **(NZ\$350.00)** \_\_\_\_\_

I hereby authorise AUT University to charge my credit card. Signature: \_\_\_\_\_  
*(Payment will not be processed without signature of card holder).*

Please send this form to Tracy Skolmen via email: [tskolmen@aut.ac.nz](mailto:tskolmen@aut.ac.nz)

*Payments will be processed from 15/06/2017 onwards.  
Receipts will be sent out by email once processed.*