



2017 Auckland Finance Meeting: Registration Form

18 to 20 December 2017

First Name: _____ Last Name: _____

Affiliation: _____

Preferred Name, if different from the above: _____

Email address: _____

I am presenting a paper / co-presenting a paper / attending only (delete not relevant) _____

Name of paper (if not original submitter of paper): _____

Paper Reference Number (You will find this in your acceptance letter): _____

Registration Fee

PhD Student's Fee
Academic Registration

| | |
|--------------------------|--|
| <input type="checkbox"/> | NZD 525 Early bird registration closes 15/09/2017 |
| <input type="checkbox"/> | NZD 650 Early bird registration closes 15/09/2017 |
| <input type="checkbox"/> | NZD 750 Registrations after 15/09/2017 |

*There are no additional costs for registrants to attend the special events listed below.
Please help us plan our catering and seating requirements by indicating your attendance below:*

| | | | |
|---------------------------------|---|--------------------------|-----------------------------|
| 18 th December, 2017 | Welcome Drinks and Nibbles | <input type="checkbox"/> | Yes, I will attend |
| | | <input type="checkbox"/> | No, I am not able to attend |
| 19 th December, 2017 | Skyline Queenstown FIRN pre-dinner Women in Finance Networking Event | <input type="checkbox"/> | Yes, I will attend |
| | | <input type="checkbox"/> | No, I am not able to attend |
| 19 th December, 2017 | Skyline Queenstown Conference Dinner | <input type="checkbox"/> | Yes, I will attend |
| | | <input type="checkbox"/> | No, I am not able to attend |

Special Dietary Requirements: No /Yes, please specify: _____

I would like to include a guest for a special event, at an additional cost. Name: _____

| | | | |
|---------------------------------|--------------------------------------|--------------------------|-----------------|
| 18 th December, 2017 | Welcome Drinks and Nibbles | <input type="checkbox"/> | NZD 50.00 p.p. |
| 19 th December, 2017 | Skyline Queenstown Conference Dinner | <input type="checkbox"/> | NZD 200.00 p.p. |

Special Dietary Requirements (Guest): No /Yes, please specify: _____

Payment Authorisation

| | | | | | |
|---------------------|---------------|----------------------|----------------------|----------------------------|----------------------|
| Credit Card Details | Number: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | Expiry Date : | <input type="text"/> | <input type="text"/> | Three digit security code: | <input type="text"/> |

Please indicate which card : Master Card VISA

Name (as appears on card) : _____

Total amount payable in NZD : NZD _____

I hereby authorise AUT University to charge my credit card. Signature: _____

*** Alternatively please email Tracy Skolmen for banking details.**

Please send this form to Tracy Skolmen via email: tskolmen@aut.ac.nz