



AUCKLAND CENTRE FOR FINANCIAL RESEARCH

2018 Derivative Markets Conference Registration Form

9 & 10 August, 2018, Auckland University of Technology, City Campus, Auckland, New Zealand

First Name: _____ Last Name: _____

Affiliation: _____

Preferred Name, if different from the above: _____

Email address: _____

Presenting (Paper Name) _____ /Attending Only

Any Special Dietary requirements: Yes / No, please specify: _____

I intend to attend the conference dinner on the evening of the 9th August 2018: 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/registration will not be processed without signature of card holder).

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

Payments will be processed in batches and receipts will be sent out by email once processed.