



# AUCKLAND CENTRE FOR FINANCIAL RESEARCH

## 2018 Derivative Markets Conference Registration Form

23 & 24 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 24<sup>th</sup> 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](mailto:tskolmen@aut.ac.nz)

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