

## 2019 CONFERENCE REGISTRATION FORM

1<sup>st</sup> – 3<sup>rd</sup> November 2019

Hosted by Nelson Cake Decorators and Sugar Artists Club Waimea, Richmond, Nelson  
Registrations must be received prior to 17th August 2019 (No refunds after 4th October 2019)

**(PLEASE PRINT)**

First Name: \_\_\_\_\_ Are you Branch Delegate at AGM? Yes / No  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Post Code Phone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_ Branch: \_\_\_\_\_  
**Partner's/Husband's Name** (only applicable if attending)  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**REGISTRATION (Conference Attendee)**

**\$ 275**

(Morning/Afternoon Teas **and Lunch** are included in Conference registration fee)

**MEALS :**

**FRIDAY NIGHT FUNCTION : \$15 per person** Number attending : \_\_\_\_\_ \$ \_\_\_\_\_

**Please note: No Food to be Brought onto the Premises.**

**Food is available at the bar on the premises for partners**

**SATURDAY NIGHT FORMAL DINNER : \$ 45 per person** Number attending : \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL (includes GST) :** \$ \_\_\_\_\_

**Special Requirements:** *Please ✓ if applicable  
and specify requirement*

**Wheelchair access** - if you require a fellow attendee  
to assist please advise their name:

\_\_\_\_\_

**Special Diet:** *(Please circle)* **Vegetarian / Other**

**Medical Dietary requirements only.** This includes  
Diabetic, Gluten/Dairy free, Nut allergies etc.

If you select **Other**, you will be contacted for further  
information regarding your dietary requirements.

If you choose a dietary option then it will be provided  
for **YOU** to eat. Please do not take someone else's  
meal

**Note: Friday night is not catered for Special Diets.**

**Method of Payment**

**NZ Branch members:**

Please submit your registration form and  
payment to your branch treasurer.

**Lone Member or Overseas Participant:**

**Payment must be made in NZ**

**Online Banking**

Account Name: NZCDG Inc

Account: 03-0859-0274901-00

(Swift code WPACNZ2W)

Including all bank fees.

Ref. Your name; Inform Treasurer please

**treasurer@nzcakeguild.org.nz**

**Cheque to be made payable to NZCDG Inc**

**And crossed Not Transferrable**

Post to: **The Treasurer,**

**NZCDG Inc**

**Debbie Turner**

**195, Smith Rd,**

**RD2 Waiuku**

**Please take a copy of this form for your records.**

**For any queries please contact Elaine Goldthorpe, Conference Administrator**  
elaine@nzcakeguild.org.nz , 09 432 0532 or 0274320032

