



Te Ao Māramatanga NZCMHN
Registration Form
Māori Mental Health Nursing Hui
Rotorua
Tangatarua Marae
Waiariki Polytechnic
Old Taupo Road, Rotorua
28 - 30 March 2012



Return Registration form to:

Mata Tamariki
 Lakes DHB Maori Health
 Private Bag 3073
 Rotorua
 Email: mata.tamariki@lakesdhb.govt.nz

Attendee Details

Surname:		First Name:	
Iwi:			
Organisation:			
Postal Address:			
City:			
Phone (mahi):		Fax:	
Mobile phone:		Phone (Kāinga):	
Email:		<input type="checkbox"/> Member	<input type="checkbox"/> Non member
Full Registration: \$300		Student Registration: \$175	
Day Registration: \$150			
Payment method			
Direct Bank Payment		Cheque	
Registrations and payments received before 23 February 2012			

www.nzcmhn.org.nz

Office use only			
Date received	Payment	method	Receipt#

Payment by Cheque:

Please register and make cheques payable to: Māori Caucus-Te Ao Māramatanga (NZCMHN), or you can directly deposit into the bank.

Bank Deposit:

Account name: Māori Caucus- Te Ao Māramatanga (NZCMHN)

ASB Account no: 12-3152-0210449-00

(Insert name and organisation under payee reference for tracking purposes.)

Receipt provided on arrival at conference

Please indicate how many days you will be attending the conference:

3 2 1

Marae Accommodation

Please indicate if staying at Marae

Yes

No

Rotorua Motel / Hotel Accommodation:

www.rotoruanz.com/accommodation

www.wotif.com

Are there any special needs you require?

www.nzcmhn.org.nz

Office use only			
Date received	Payment	method	Receipt#