

REGISTRATION FORM  
**Asset Management Planning for Property Assets - March/April 2007**

**Mail/Fax or email this order to:**

National Asset Management Steering Group  
 c/o INGENIUM  
 P.O. Box 118,  
 THAMES,  
 NEW ZEALAND.

Tel: +64 7 868 3930  
 Fax: +64 7 868 3930  
 Email: trina@ingenium.org.nz

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Organisation: \_\_\_\_\_ Position \_\_\_\_\_

Full Postal address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**I WISH TO ATTEND**

Wellington	26 <sup>th</sup> March	<input type="checkbox"/>
Rotorua	27 <sup>th</sup> March	<input type="checkbox"/>
Auckland	2 <sup>nd</sup> April	<input type="checkbox"/>
Christchurch	3 <sup>rd</sup> April	<input type="checkbox"/>

**COST: \$395 +GST per person**

Signed: \_\_\_\_\_ Total Cost  Order Number \_\_\_\_\_

*Payment Method.* Cheque Enclosed, Order Number, Credit Card (details below)

**CREDIT CARD PAYMENT.** Please debit my Visa/MasterCard as detailed below:

Card holder name \_\_\_\_\_

Amount payable \$ \_\_\_\_\_ Card Expiry date (mmyy)

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Signature of card holder \_\_\_\_\_