



## **REGISTRATION FORM CREDENTIALLED THERAPIST UPDATE DAY SEMINAR DAY PACKAGE**

*Incorporating the AGM of the McKenzie Institute New Zealand Branch*

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title:** Mr / Mrs / Miss / Ms

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone: (W)** \_\_\_\_\_ **Phone: (H)** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

Credentialed Therapist Update Day/  
Seminar Day & AGM Package, 23-24 July 2010

**MINZ Members/Non-Members  
\$370.00/\$430.00**

**PAYMENT OPTIONS:**

**Current MINZ Member:**     Yes     No

Amount Paid: \$ \_\_\_\_\_

Cheque payable to: The McKenzie Institute New Zealand

Online Banking            Date paid: \_\_\_\_\_

Online banking details: The McKenzie Institute NZ Branch

National Bank

Waikanae

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**Please Note: Please ensure your name and Seminar Day Package is given in "Payee Reference"**

**Please forward your registration no later than 10 July 2010**

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