

Trip Generation Seminar

Auckland. September 10 2009

TDB
TRIPS DATABASE BUREAU

TRIP GENERATION SEMINAR - REGISTRATION FORM

Tax Invoice – GST Registration Number 87-394-875

Please complete this form, take a copy for your records and forward it to:
Trips Database Bureau, C/- Harding Consultants Ltd, PO Box 5512, Christchurch
Facsimile: +64 3 352 0197 Phone: +64 3 352 5598

If completing this form electronically please mark the boxes by clicking on the relevant one, it will automatically check. Please email to:
glenda@hardingconsultants.co.nz

Personal Information

Surname _____ Title Dr Mr Mrs Ms Miss Prof
First Name _____
Position/Title _____
Organisation _____
Postal Address _____
City _____
Telephone () _____ Facsimile () _____
Cellphone () _____
Email _____
Special Requirements (eg dietary, disabilities) _____
Name for name badge (if different from above) _____

If you **do not** wish your name to be included in the delegate list please check the box

Registration Fees (All fees include GST of 12.5%)

For Engineers and Planners from TDB member organisations.	\$350.00	\$
For other NZPI, IPENZ (Including Transportation Group) members	\$450.00	\$
Non members of IPENZ or NZPI	\$500.00	\$
Late Registration Fee after 21 August 2009	\$ 50.00	\$
Note: If attending the TRAFINZ Conference a discount of \$100.00 applies	(\$100.00)	(\$)
Registration Fees Total	\$	\$

Hyatt Regency Hotel (All prices include GST)

Single Occupancy @ \$170.00 per night (includes breakfast for one) **Single**
Double Occupancy @ 190.00 per night (includes breakfast for two) **Double** **Share Twin**
Smoking/Non-smoking Rooms Please indicate your preference **Smoking** **Non-smoking**

If you are sharing the room please give the other person's name: _____

Date of Arrival _____ Date of Departure _____ Expected Check in Time _____

The conference has secured a block booking at the hotel. Rooms will be allocated on a first-in basis until **Friday, 7 August 2009**, as long as there are rooms available. After that date, all unallocated rooms will be released and no guarantee can be made that rooms will be available. **Please advise Harding Consultants of any change to a reservation, rather than contacting the hotel itself.**

Payment Summary

Method of Payment (please check the appropriate box) Credit Card Cheque Direct Credit Invoice me please

- Registration Fees \$ _____
- Accommodation Deposit (minimum one night) \$ _____
- Total** \$ _____

Please make your cheques payable to "TDB" If paying by direct credit, please credit the bank account of TDB - 03 0866 0422335 25

Please check card type MasterCard Visa Amex Diners Club
Card Number: _____ Expiry Date: _____
Name on Card: _____
Billing Address: _____
Signature _____ Date _____

Please note the cancellation policy as outlined on the website applies.