

# 6th New Zealand International Orchid Extravaganza

8-12 September 2010, PALMERSTON NORTH

## REGISTRATION FORM

### IMPORTANT:

1. Please type or print legibly with ballpoint pen in block letters.
2. Please forward registration form together with full payment or credit card authority to  
The Secretary, 6NZIOE, PO Box 5223, Palmerston North 4441
3. Bank drafts or cheques should be made payable to **Orchid Council of New Zealand**.
4. Personal cheques drawn on banks outside NZ cannot be accepted.
5. Refer to cancellation clause in the brochure.

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### REGISTRANT

Title (Mr/Mrs/Dr etc) .....

Surname .....

First Name (for lapel badge) .....

Orchid Society (for badge) .....

Postal Address .....

Postcode ..... Country .....

Telephone No ..... Email .....

### ACCOMPANYING REGISTRANT

Title (Mr/Mrs/Dr etc) .....

Surname .....

First Name (for lapel badge) .....

Orchid Society (for badge) .....

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### REGISTRATION FEES

All prices are inclusive of GST

Please refer to the registration brochure for full details of registration.

	<b>Early</b>	<b>Standard</b>	<b>Late</b>
<b>If paid before</b>	<b>28.2.10</b>	<b>31.5.10</b>	<b>31.7.10</b>
Full Registrant	80.00	90.00	110.00
Accompanying Registrant	65.00	75.00	95.00
Midweek Registration	50.00	55.00	70.00
Weekend Registration	40.00	45.00	60.00

**JUDGING**

If you are a judge and wish to judge at the show please indicate below:-

Accredited/Assoc /Observ      Accredited /Assoc/Observ      Judging System  
(circle as appropriate)

Names(s) .....

**PAYMENT SUMMARY**

Full Registration	\$90 std.	No.....	\$ .....
Accompanying Registrant	\$75 std.	No.....	\$ .....
Midweek Registration	\$55 std.	No.....	\$ .....
Weekend Registration	\$45 std.	No.....	\$ .....
Banquet	\$45 each	No.....	\$ .....
Judges Breakfast	\$11 each	No .....	\$ .....
Masdevallia/Disa Breakfast	\$11 each	No .....	\$ .....
CSA/Paph Alliance Breakfast	\$11 each	No .....	\$ .....
Manawatu Society Social Event (gratis)		No .....	\$.....0.00.....
Credit Card Admin charge			\$ .....

**TOTAL TO PAY** \$ .....

I am paying by -      Cheque .....(enclosed)  
   Or      Credit Card .....(complete authority below)

**CREDIT CARD AUTHORITY**

Type of card:    VISA      MASTERCARD      (Please circle as appropriate)  
Please note that an admin charge of \$5 is required if paying by credit card

Account No: .....

Expiry Date: .....

Card Name: .....

Signature: .....      Date: .....