

IVCNZ'01

Registration Form

Please complete this form and, along with your valid payment in full, post to:

**IVCNZ2001 Conference Registration,
Department of Computer Science,
University of Otago,
PO Box 56,
Dunedin,
NEW ZEALAND**

or fax (credit card payment only) to: **+64 3 479 8529**.
Confirmation will be made on receipt of full payment of conference fees.

PERSONAL INFORMATION

Please print

Title: Prof./ Dr./ Ms./ Mrs. / Mr. (please circle)

Surname: _____

First Name: _____

Name for conference badge:

Institution / Organisation:

Postal address: _____

City: _____

Country: _____

Phone: _____

Fax: _____

e-mail: _____

REGISTRATION DETAILS

All rates quoted are in NZ\$ and include Goods and Services Tax (GST).

Registration fees

Includes conference proceedings and conference dinner.

Select type of registration using tick box below:

- ☐ Registrant \$200
☐ Student Registration* \$95 \$_____

(* Please accompany your payment form with a letter confirming your student status.)

Additional dinner tickets @\$50

No. tickets: _____ \$_____

Accommodation St. Margaret's College

*Full payment of this accommodation is requested with the return of the registration form. Accommodation bookings are required by **16 November 2001***

Single room accommodation (please tick)

- ☐ bed and breakfast @\$36.50 p/night
☐ full board (all meals) @\$55.00 p/night

Arrival date: _____ Depart. date: _____

No. of nights: _____ \$_____

Late fee after 26 October 2001 (please tick)

- ☐ full registration \$50
☐ student registration \$25 \$_____

Additional information (such as special dietary needs, disability access, booking of St. Margaret's for your partner/spouse, etc.):

TOTAL PAYMENT NZ\$ _____

Payment method

- ☐ NZ cheque / bank draft (payable to 'the University of Otago')
☐ Bankcard ☐ Visa
☐ Mastercard ☐ American Express

Credit Card number:

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Expiry Date (mm/yy): _____

Name as shown on card:

Card holder's signature:

Date: _____

OFFICE USE ONLY

Receipt no: _____

Total payment: \$_____