



drINK OVATION 2010



OFFICIAL REGISTRATION FORM

Note : Please return this Registration Form to :
John Robertson, Secretary/Treasurer, NZJBA, P.O. Box 47, Auckland, NZ,

“Early Bird” Rates apply to 5.00pm, Friday, 3rd September 2010

Delegates Details

Surname			Title	
First name				
Company Position				
Company Name				
Company Address	P.O. Box			
Business Phone		Mob		Fax
Email Address				
Special Dietary Requirements				
Shirt Size	S – M – L – XL – 2XL – 3XL			

Spouse/Partner Details

Surname			Title	
First name				
Special Dietary Requirements				
Shirt Size	S – M – L – XL – 2XL – 3XL			

Partner Activity Program – Thursday Afternoon / Friday Morning

Please advise : Yes or No to participate in the Spouse/Partner Activities	Thursday – PM Agrodome Sheep Show & Farm Tour www.agrodome.co.nz [Y/N]	Friday – AM : Polynesian Spa - Spa Therapies & Mineral Pools www.polynesianspa.co.nz [Y/N]

Childrens Details

First name			Male/Female	
Special Dietary Requirements				
First name			Male/Female	
Special Dietary Requirements				

Amount Due :

Delegate Fee		
Spouse Fee		
Accommodation Costs		
Other		
Total Charges		\$



Payment Instructions

I enclose a Cheque Payable to : New Zealand Juice & Beverage Assn							
Direct Transfer to : NZJBA Bank A/c 06-0287-0363836-00							
AMEX		Diners		M/Car		Visa	
Credit Card No				Expiry Date			
Credit Card Name							