



PAANZ

The Physiotherapy Acupuncture
Association of New Zealand

PAANZ Course Registration Form 2009/1010

I WISH TO REGISTER FOR: _____

Venue: _____ Dates: _____

First Name: _____ Surname: _____

My Address:

Telephone Bus: _____ Fax: _____

Email: Please Print _____

Mobile: _____ After Hours: _____

Payment \$ _____: (Total amount is payable when the booking is made)

Cheque
Internet Direct Payment

BNZ: 02 0912 0204305 00

Confirm:

I have completed the pre-requisites applicable to the course. Please Yes

I am a member of PAANZ Yes

if applicable

I am a member of the NZSP Yes

if applicable

Signature: _____ Date: _____

PAANZ has a no refund cancellation policy if cancelled within five weeks prior to the course

Send form to PAANZ:

email: paanz@extra.co.nz

Mail to: PO Box 27 386, Wellington

Fax: 04 801 5571

