

Trans-Tasman Rural Conference 2008

APPLICATION FORM

(Please print neatly. Fill in all pages)

Title Mr Mrs Ms Rev Other

Surname _____

First Names _____

Home Address Street _____

Suburb _____ City _____ Post Code _____

Country _____

Telephone (SD/STD code) Home (0) _____ Work (0) _____

Mobile (0) _____

E-mail _____

Date of Birth (day / month/ year)/...../.....

Church Denomination _____

Will you be officially representing a group? Yes / No If Yes Who _____

Cost

This conference has been assisted by generous donations from the Methodist and Anglican Churches. Also we have received money from past Trans Tasman Rural Conferences which has meant we are to offer the 2008 Trans Tasman Rural Conference at the very reasonable rate of

	Earlybird registration	After 28 January
Overseas	\$275	\$325 See note below ***
Overseas students	\$250	\$300 See note below ***
New Zealanders	\$295	\$345
NZ students	\$260	\$310

Payment can be by personal or Bank Cheque (New Zealanders) or by Bank Cheque (overseas attendees). Cheques should be made out to 'The Diocese of Nelson.'

Or Direct Credit to the 2008 Trans Tasman Rural Conference Bank account 06-0705-0012140-02

If making Direct credit deposit please supply the following

1. Reference = Your name 2. Code = TTRF08

Indicate how paying Cheque Direct Credit

For overseas attendees please email us for payment instructions

transtasman2008@nelsonanglican.org.nz

Overseas Payments – We have become aware that the NZ banks are charging \$12 to clear overseas electronic money transfers. This has not been allowed for in the budget so regretfully we have to ask Overseas people to include an extra \$12 to the cost; example \$275 + \$12 = \$289. Please also make sure any bank charges at point of origin are paid.

Prices include GST

An Early Bird registration fee is available till 28 January 2008

The final date for registration and Payment is 14 March 2008'

Name

How do you expect to travel and link into the start of the conference? (please tick)

- Arrive at Picton by Ferry
- Arrive at Blenheim by plane
- Arrive at Blenheim by train / Bus
- Arrive at Blenheim by car

We intend to move people during this conference, which will span across the top of the South Island, by Bus. (Beginning in Blenheim and finishing in Nelson) If you intend to use a car for the required travel please indicate here and if using your own car supply us with the registration number.

Travel in own car Yes / No Registration number

Travel in Rental car Yes / No

Do you have an area of expertise that you would like to offer a workshop on? If so please supply a brief description of what you could offer. For us to consider your offer we need to have this reply by the 1 December 2007.

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Trans-Tasman Rural Conference 2008

Medical Emergency Information

This information is being collected to help you in the event of a medical emergency. It will be destroyed at the conclusion of the conference.

Surname _____

First Names _____

Male / Female

Person to contact in an Emergency

Name _____

Address _____

Relationship _____

Telephone (Include ISD/STD code)

Home (0) _____

Work (0) _____

Does the applicant have any of the following: (please tick)

- | | | |
|---|---|--|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Fainting | <input type="checkbox"/> Cardio Vascular Disease |
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Sulpha Allergy | <input type="checkbox"/> Convulsions/Epilepsy |
| <input type="checkbox"/> Penicillin Allergy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Haemophilia | <input type="checkbox"/> Hay fever | |

Allergies or other conditions _____

Any physical disability _____

Date of last immunisations or injections

Tetanus/...../..... **Other** (state)/...../.....

(If last Tetanus injection was more than 10 years ago a booster is required)

List any appliances and aids that you will be bringing
(i.e. Wheelchair)

State any other medical factors

New Zealand delegates please indicate if you have a Community Services Card? **YES / NO Number**
Expiry Date

Does the applicant have Medical Insurance **YES / NO**

If coming from overseas do you have medical Travel and health insurance? Yes / No
Company whom the insurance is with

The above is a true statement of the applicant's health. I do not know of any other physical, mental or emotional problems. I agree to advise The Organisers as soon as possible if the applicant develops any illness or is exposed to any infectious disease before departing for the conference. In the event of the applicant suffering accident or sickness while travelling to, participating in, or returning from the Conference, I agree that any necessary medical attention may be arranged and medical information to be released to suitably qualified medical staff where appropriate.

SIGNATURE

Date / /

Trans-Tasman Rural Conference 2008

DIETARY INFORMATION

Surname _____

First Names _____

DO YOU HAVE ANY SPECIAL FOOD REQUIREMENTS SUCH AS, (please tick)

1. Diabetic 2. Celiac 3. Low Cholesterol/low fat
 4. Lactose intolerant 5. Vegan 6. Vegetarian
 7. Other Health (note below)

8. Specific Food Allergies (note below)

Special foods required

Foods you must not have

Signature of Applicant. Please print name below'

(signature)

(print name)

All possible care will be given to supply your needs

Should the Catering Branch need to contact me to discuss any dietary requirements, I can be contacted on,

Telephone (0) _____ email _____

and the best time to call is am/pm

Important information

'The Anglican Centre of the Diocese of Nelson is the administrative agent for collection of registration forms and fees on behalf of the ecumenical organising group for the Trans-Tasman Rural Forum 2008.'

PRIVACY ACT

In compliance with the Privacy Act 1993 the following is brought to your attention.

a. This application form collects information about you.

b. The information is collected to make arrangements for your participation and welfare..

c. The information is being collected for 2008 Trans-Tasman Rural Conference and will be used by the organisers. It will form part of a directory and information base used for the efficient running of the event.

d. The information will be held and stored electronically. The Medical and Dietary information will be destroyed at the conclusion of the conference. Other information will be retained for the purposes of contact and communication.

e. You have the right of access to and correction of, this information subject to the provisions of the Privacy Act 1993.

f. It is intended that the information you provide on the Medical Information Form be used by those responsible for your welfare during the Conference and access to it is restricted accordingly.

Please return the completed forms to

Trans-Tasman Rural Conference
C/- Nelson Anglican Diocese
P.O. Box 100
Nelson
NEW ZEALAND'

Or

Email to transtasman2008@nelsonanglican.org.nz