SIDE
THE MAIN EVENT

registration form

Registration can be submitted by mail or by fax. Please complete a separate registration form and workshop selection for each person – photocopy if necessary.

First Name: _____ Surname: _____

Name for nametag: _____

Occupation: (eg dairy farm owner, sharemilker, contract milker, herd manager, farm staff, consultant, scientist, etc) _____

Organisation: _____

Postal Address: _____

_____

Province: (e.g. Southland/Canterbury) _____ Telephone: _____

Fax: _____ Mobile: _____

Email: _____

Male ☐ Female ☐ Iwi: _____ Ethnicity _____ Date of Birth ____ / ____ / ____

Nationality _____ Country of Birth _____ New Zealand resident? Yes ☐ No ☐

Please list any special needs: (eg, disability or dietary requirements) _____

_____

Are you a Lincoln University Alumnus? Yes ☐ No ☐ Have you attended a previous SIDE? Yes ☐ No ☐

REGISTRATION

(All prices include GST)

Registration includes entrance to SIDE sessions, morning/afternoon teas, lunches, drinks and nibbles on Monday evening and copy of event proceedings.

PRIOR TO MONDAY 25 MAY 2009

☐ Earlybird Registration @ $250 $ _____

☐ Second and subsequent registrations @ $225 $ _____
Discounted rates apply if more than one registration is received at one time from the same farm/organisation

AFTER 25 MAY 2009

☐ Full Registration @ $275 $ _____

☐ Second and subsequent registrations @ $250 $ _____
Discounted rates apply if more than one registration is received at one time from the same farm/organisation.

☐ Business SIDE (includes parts 1 & 2) @ $100 $ _____
with an Earlybird or Full registration

Do you plan to attend the Drinks and Nibbles with Sponsors on Monday 22 June at 5:00pm? Yes ☐ No ☐

SIDE 'Irish' Dinner (Tuesday 23 June) Number ____ @ $75 $ _____

Extra copies of proceedings Number ____ @ $30 $ _____

TOTAL $ _____

PAYMENT

☐ Cheque enclosed for NZ$ _____

Cheques to be made payable to "Lincoln University" and mailed to SIDE, Professional Development Group, PO Box 84, Lincoln University, Canterbury 7647

☐ Please debit Visa ☐ Mastercard ☐ the amount of NZ$ _____

Card number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry date: ____ / ____ / ____

Cardholder's name: _____ Cardholder's Signature _____

PRIVACY ACT: This information is being collected for the purposes of the efficient running of the event and will only be used for those purposes. In accordance with the Privacy Act, if you do not wish your name to be included in the event mailing list, please indicate (tick box) ☐