

ASSESSING ADULT LEARNING

Literacy and numeracy competencies

REGISTRATION FORM

Event: 8.30am–5pm, 16 August 2010, Holiday Inn, Featherston St, Wellington

Send or fax this form to Joanne Edgecombe by 6 August 2010

Assessing adult learning conference, PO Box 3237, Wellington 6140, Fax: 04 384 7933,

Name or names of those attending:

Organisation: _____

Postal address: _____

Email address: _____

Contact number/s: _____

Number(s) attending: _____ @ \$235 each (includes gst, lunch and a summary report)

Special dietary requirements: _____

Cheque (made payable to NZCER) enclosed for: _____

Please charge to my: Visa MasterCard

Cardholders' name: _____

Card number: _____

Expiry date: _____ Signature: _____

Cancellations of registrations will incur a \$15.00 administration fee and must be received by 9 August. No refunds will be made after this date. You may send a substitute in your place but please advise us first.

