

REGISTRATION FORM

Title	First Name (name usually called by)	Last Name
Address	_____	

Contacts	Phone - Day _____	Phone - Evening _____
	Phone - Mobile _____	E-mail _____
Privacy	A list of participant names and contact details will be made available to each participant. <input type="checkbox"/> Tick this box if you do NOT want your details included in the list.	
Special Needs	<input type="checkbox"/> Tick this box if you have any special needs (access, diet, etc.) that we should know about. Then write details on the back of this sheet	
MBTI / Type Experience	What is your four-letter Type code? _____	
	Who first administered the MBTI to you? _____	
	When? _____	
	Describe other experience with MBTI / Type _____	
Current occupation & employer	_____	
Other relevant work history	_____	
Qualifications	What is your highest level qualification? _____ (include date, institution and subject area)	
	A tertiary qualification and/or occupational experience in areas such as education, careers counselling, management or organisational consultancy, adult training, health sciences, social work, rehabilitation or pastoral care is usually required.	
	Other relevant qualifications / experience _____ (attach extra sheet if required)	
How do you intend to use the MBTI?	_____	
How did you hear about this course?	_____	
Fees (gst incl) Payable on registration	Tick one of the following: <input type="checkbox"/> Full fee \$2,495 <input type="checkbox"/> Early Bird fee \$2,295 (pay by 31 st March 08) <input type="checkbox"/> Existing NZAPT member \$100 discount fee \$2,395 (\$2,195 Early Bird) <input type="checkbox"/> Group Rate (5 or more people): \$2,000 per person or \$1,850 Early Bird. Group Name: _____ Number in Group: ... Total Fees: \$..... Contact Person: _____ Complete a Registration Form for each person in the group and post them all in one envelope with one payment covering everyone.	Tick one of the following: <input type="checkbox"/> Application for a Fee Subsidy is attached <input type="checkbox"/> I have enclosed a cheque to "NZAPT" <input type="checkbox"/> Debit my Visa / Mastercard (circle one) _____ Card Number _____ / _____ Name on Card _____ Expiry Date
Signature:	Date:	

Return the completed form (with payment) to: 'MBTI Qualifying Programme', NZAPT, P O Box 9842, Wellington, Fax 0800 756 675, Email nzapt@paradise.net.nz
 Closing date for registrations is **4th April 2008**. Early Bird registrations close **21st March 2008**.

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