

## REGISTRATION FORM

<b>Title</b>	<b>First Name (name usually called by)</b>	<b>Last Name</b>
<b>Address</b>	_____	
	_____	
<b>Contacts</b>	Phone - Day _____	Phone - Evening _____
	Phone - Mobile _____	E-mail _____
<b>Privacy</b>	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.	
<b>Special Needs</b>	<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	
<b>MBTI / Type Experience</b>	What is your four-letter Type code? _____	
	Who first administered the MBTI to you? _____	
	When? _____	
	Describe other experience with MBTI / Type _____	
<b>Current occupation &amp; employer</b>	_____	
<b>Other relevant work history</b>	_____	
<b>Qualifications</b>	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)	
<b>How do you intend to use the MBTI?</b>	_____	
<b>How did you hear about this course?</b>	_____	
<b>Fees (gst incl) Payable on registration</b>	Tick one of the following: <input type="checkbox"/> Full fee \$2,495 <input type="checkbox"/> Early Bird fee \$2,295 (pay by 25 <sup>th</sup> July 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 <b>each</b> 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
<b>Signature:</b> .....	<b>Date:</b> .....	

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 **8<sup>th</sup> August 2008**. Early Bird registrations close **25<sup>th</sup> July 2008**.

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