



New Zealand Camellia Society Inc.

2019

62nd

**NZ NATIONAL CAMELLIA SHOW & CONVENTION**

Quality Inn Collegiate, 122 Liverpool Street.

**Whanganui**

**August 23- 25th 2019**

I/We wish to register as follows: NAME(S) for NAME TAG(S) (Please print)

.....

.....

ADDRESS \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

Email address: \_\_\_\_\_

BRANCH \_\_\_\_\_

If this is your first Convention, please tick box

Where are you staying?

Hotel \_\_\_\_\_

Privately \_\_\_\_\_

**Accommodation**

Quality Inn Collegiate

122 Liverpool Street Whanganui.

Phone 06 3458309 Email [info@collegiatemotorinn.co.nz](mailto:info@collegiatemotorinn.co.nz)

If you have special dietary needs for meals, please tick box

Please specify.

**Early registration will help us greatly in analysing and providing for everyone's requirements.**

Registration for full Convention Friday to Monday.

Per person \$195.00	Number of registrants.	<b>Total</b>	\$.....
	<b>or</b>		

Registration for individual events

Saturday Dinner (pp \$75.00) Number..... \$.....

Sunday Bus Trip (pp \$60.00) Number..... \$.....

Sunday Dinner (pp \$75.00) Number..... \$.....

**Total for partial registrations** \$.....

**Judges/Stewards Lunch** (pp \$10.00) Number..... \$.....

**Total payment Due** \$.....

Please make cheques payable to

**NZ Camellia Society Inc.**

Internet banking to same name at **ANZ Gisborne**

**Account 060 574 0100617 01** and include surname as reference.

Tick box if you have used internet banking

**LAST DAY FOR REGISTRATION August 10th 2019**

Forward Registration form to

Pat Flockhart

16 Graham Road,

Gisborne.

Phone - 06 8686255

Email - [annf@xtra.co.nz](mailto:annf@xtra.co.nz) .