

Cynefin Masterclass 2002: An Introduction to Organic Knowledge Management and New Decision Frameworks.

Masterclass Registration Form

PARTICIPANT DETAILS

(Please fill in these details as you would like them to appear on your name badge.)

FIRST NAME _____

SURNAME _____

ORGANISATION _____

POSTAL ADDRESS _____

TOWN/CITY _____

COUNTRY _____

TELEPHONE # _____

FACSIMILE # _____

EMAIL ADDRESS _____

GOVIS MEMBER (Yes/No) _____

NZCS MEMBER # _____

Early Bird registration applies until 4 December 2002.

All fees include GST and are in \$NZ. Please indicate your registration choice by ticking the appropriate box (es) and then fill in the fee amount in the Fee Total space below. Remember the EARLY BIRD rate only applies until 4 December 2002. **Registration must be accompanied by payment.**

CANCELLATION POLICY

The Masterclass will only be run if registrations have reached the minimum number **by 4 December 2002**. GOVIS reserves the right to cancel the Masterclass in the event numbers are not met. In the event of cancellation due to low numbers GOVIS will refund your registration fee in full.

Should you cancel from the Masterclass after payment has been received, a full refund will be given subject to a \$50.00 administration fee providing notification is received by 4 December 2002. After this date refunds will be made at the discretion of the organising committee. Substitutions will be accepted.

Masterclass Fees

Registration includes Masterclass materials, morning and afternoon tea and lunch.

Early Bird fees till 4 December 2002



GOVIS MEMBER \$375.00

NON GOVIS MEMBER \$475.00

VIDEO OF THE DAY \$150.00

LATE FEE AFTER 4 December 2002 \$ 50.00

REGISTRATION FEE TOTAL

\$

PAYMENT DETAILS: Early Bird fee applies only until 4 December 2002

Payment by cheque is preferred please. Please make cheques payable to "GOVIS". Cheque payments from outside New Zealand should be by bank draft in New Zealand dollars.

CREDIT CARD PAYMENT

Mastercard

Visa

Cardholder's Name: _____ Cardholder's Signature: _____

Card No:

Expiry Date: ____ / ____ / ____

Make a copy for your records and then return this completed form with payment of your final total to:
PAARDEKOOPEL AND ASSOCIATES, P O BOX 41 002, EASTBOURNE, WELLINGTON