



PROFESSIONAL DEVELOPMENT AND PLD ENROLMENT FORM

| | | |
|---|--------------------------|-------------|
| 1 | Name: | |
| 2 | Address: | |
| 3 | Organisation Name: | |
| 4 | Telephone No: | |
| 5 | Email Address: | |
| 6 | Mobile No: | |
| 7 | Workshop / PLD Selected: | Name: _____ |

Payment Method (Please circle option selected)

- a) Have paid online directly under my surname to NZCDI account as set out below
 b) Would like invoiced to my institution/organisation
 If requesting b) the name, signature and date of staff member authorising this invoicing must be provided below:
- Name: _____ Signature: _____
 Position: _____ Date: _____

Note: Cancellations received 5 days prior receive 50% refunds, cancellations received less than 48 hours prior cannot be refunded.

EMAIL ENROLMENTS to: admin@nzcdi.ac.nz

Or mail to NZCDI, 610 Victoria Street, CBD, Hamilton 3204, New Zealand

Please make payments payable to:

House of Montrose Ltd T/A New Zealand Curriculum Design Institute

Note your Surname or Organisation to: Kiwi bank: 38 9005-0301495-03

Tel: + 64 7 834 0451/ +64 22 125 7075 for further information

Administration

| | |
|--------------------------------|--------|
| Date Enrolment Received | |
| Date Confirmation Communicated | |
| Payment received | Yes No |
| Date Received | |
| Receipt Issued | Yes No |
| Resource Book Supplied | Yes No |