



Course Registration Form

Contact details

First Name/s: Last Name:
 Preferred Name (abbreviation/nickname/translation/alias):
 Company:..... Job Title:
 Postal Address (for Certification):.....
 Physical Address (for Courier of course material):

 Mobile: Tel:
 E-mail:

Are you a member of a Professional body or Association? (Please tick)

IFA		NZMBA		PAA		LBA		ICANZ		Other	
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Course options

Distance Learning

Course	Cost

Please note that most of our courses are available through distance learning. Please refer to our website www.adviserlink.co.nz or contact us for further information.

Open Workshop

Course	Cost

Method of Payment (please circle): Mastercard Visa Cheque

Please invoice Tax invoice/receipt made out to:

Amount paid:

Name on card:

Credit card no.: Expiry date:

Signature: Purchase Order No. (if applicable)

I have read the terms of registration and agree to the conditions.

Signature required.....**Date**.....

For information on course updates please contact us, or refer to our website www.adviserlink.co.nz

This information is collected to enable Adviserlink Ltd to deliver training programmes. It will be entered into our database, and may be used in providing you with other information relating to opportunities associated with the financial services industry. You are entitled to have access to your information and make a request for it to be changed. Refer to our website for our full privacy statement.