



Application for Remote Travel - Registration Form

Meeting / Event: _____

Date: _____ / _____ / _____

Venue Address : _____

Reason for Applying: _____

Have you previously received personal assistance OR funding from NZATS ?

Please Detail: ? _____

Applicant's Details:

Name: _____

Address: _____

Phone: _____ Mobile: _____

Registration No: _____

- **Please note all of the above information is compulsory:**

Email/Website: _____

Please return this form to the Treasurer:

**NZATS Inc
P.O.Box 16002
Wellington
E-mail: www.treasurer@NZATS.co.nz**