

NEWS FLASH

CONFERENCE AND AGM 2018 TRANSITION AND RESOURCES THE PATHWAY TO SUCCESS

26-28
OCTOBER

WEST PLAZA HOTEL
WELLINGTON

The PVINZ Conference will be held in Wellington: Friday 26 October (assemble), Saturday 27 October and Sunday 28 October 2018

VENUE: WEST PLAZA HOTEL,
Wakefield Street CBD

We are limited to 65 parent conference delegates, so it will be first in first served.

PVINZ WILL PAY FOR MEMBERS:

- Return air fares in New Zealand.
- Accommodation share twin West Plaza Hotel, Friday and Saturday night.
- Breakfast Saturday, Sunday. Lunch Saturday. Banquet dinner Saturday night.
- Parent delegate reg fee \$160 per couple.
- Parent delegate reg fee single \$80.
- Single with own room a supplement of \$40 per per day.

Friday night will be mix and mingle. The conference will start at 9am on the Saturday and conclude at 12pm on the Sunday.

For PVINZ members wishing to provide their own transport to attend only the Saturday programme, we will have limited space available.

For delegates attending from our partner organisations and professions we have a registration fee of \$120 per person. If attending the dinner an additional \$50 is required.



Parents of Vision Impaired (NZ) Inc

2018 PVI CONFERENCE REGISTRATION FORM

26-28 October 2018

ATTENDING PARENT - CAREGIVER/S DETAILS. PLEASE PRINT OR TYPE

Parent 1: (Last name) _____ (First name) _____

Parent 2: (Last name) _____ (First name) _____

Address: _____

Email Address: _____

Telephone: Day _____ Evening _____ Mobile _____

Travel arrangements: Air Depart date Depart Time

Air return Depart date Depart time

By Car Car park required? Yes No

In order to secure cheaper air fares we need to register and book early.

ACCOMODATION is on a share twin basis

Friday night meal is at your cost. Yes No Saturday night accommodation Yes No

The accommodation bookings will be made by PVINZ Inc, so please do not call the Hotel. Friday + Saturday night accommodation

DAY PROGRAMME Saturday only Yes No Yes No

CONFERENCE REGISTRATION COST is \$80 per parent delegate.

SPECIAL REQUESTS:

Diet: _____

MOBILITY Issues: _____

PARENT CONFIRMATION OF MEMBERSHIP:

I confirm my child _____ (Name of Child needed to confirm membership)

Has a serious vision impairment and that I am a registered parent / caregiver of Parents of Vision Impaired NZ Inc

SIGNED:

Please send this form to Parents of Vision Impaired NZ Inc , P O Box 513 Waikanae, 5025 or email to david@pvi.org.nz

For delegats attending from our partner organisations and professions we have a registration fee of \$120. Accommodation and travel is at your cost.

SUMMARY	COST
Parent registration per couple: \$160 per couple	
Parent registration share twin: \$80	
Parent single accommdation: \$40 per night	
Delegates partner organisation: \$120	
Delegates partner organisation dinner: \$50	
TOTAL	

National Office: Level 1, 11 Mahara Place, Waikanae 5025, New Zealand. P.O.Box 513 Waikanae.

National Executive Officer:
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Email: david@pvi.org.nz

WWW.PVI.ORG.NZ

NUMBERS ARE LIMITED SO PLEASE REPLY AS SOON AS POSSIBLE.

Deposit directly to our bank account ASB account # 123100 0115685 00.