

## ISLAMIC WOMEN'S COUNCIL OF NZ, CONFERENCE 2006

Registration Form 2006			
Name			
Address			
Contact Phone Number			
Emergency Contact Phone while at Conference			
Email (if available)			
Doctor's Name and Phone Number			
Do you have any allergies or medical conditions that we should be aware of?			
Do you require accommodation in Hamilton?	□ Yes	□ No	
Date and Time of Arrival			
Date and Time of Departure			
Do you require transfers from the airport, bus / rail terminal in Hamilton?	□ Yes	□ No	
Will you be participating in the Qur'an Competition?	□ Yes	□ No	
Do you wish to present a paper? Please refer to the topics available.	□ Yes	□ No	
Will you be bringing any items for sale?	□ Yes	□ No	
Please provide any other information you feel may be necessary. E.g. special dietary needs.			

For the benefit of the participants and the speakers we humbly request all mothers not to bring children under 10 years old. You have ample time, please make alternative arrangements.

For further information please contact:

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