

NSNZ AGM and GROW 2 REGISTRATION FORM

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| NAME: | |
| ORGANISATION: | |
| POSITION IN ORGANISATION: | |
| POSTAL ADDRESS: | |
| EMAIL ADDRESS: | |
| PHONE NUMBER: | |
| SPECIAL REQUIREMENTS | <i>Please let us know if you have any dietary or accessibility requirements.</i> |
| I will be attending the AGM: <input type="checkbox"/> In person <input type="checkbox"/> Online | |

Please return this form to:

Email: kelsey@neighbourhoodsupport.co.nz

Post: NSNZ, c/- Police National HQ, PO Box 3017, Wellington 6041

Registrations will close on Wednesday 12 October.