



## CONDITIONS OF BUSINESS:

The following conditions apply:

### Confirmations

This application form must be completed, signed and sent to the Institute for Strategic Leadership Limited, for your application to be considered for entry onto the 2-Day MasterClass programme. Confirmation of a place by letter, fax or email to you will be made along with an invoice for the programme fees and this will form a contact between us. Full payment of the fees is then required within seven days in order to secure your place on the nominated programme.

Please pay by direct credit to:

**Institute for Strategic Leadership,  
WestpacTrust, Otahuhu, Auckland, New Zealand  
030 219 0436714 00**

Payment can also be made by credit card. Please include particulars under invoicing details.

### Cancellations

- i) If the cancellation is made 30 calendar days or more prior to the commencement of the course, a full refund of course fees paid will be given.
- ii) If a cancellation is made after this time, the Institute for Strategic Leadership will accept a substitute participant from the organisation concerned if he/she has comparable experience and qualifications. The Institute for Strategic Leadership retains the right to determine whether a proposed substitute is acceptable to the Institute. It is not the Institute's intention to profit from unavoidable late cancellations and every effort will be made to find a suitable substitute in the case of cancellations.
- iii) ISL retains the right to alter the presenter and the venue if required.

## INVOICING DETAILS:

Name and address of sponsoring organisation (if different from I) to which the invoice will be sent:

\_\_\_\_\_  
\_\_\_\_\_

Accounts Contact Person:

\_\_\_\_\_

Tel (  direct  switchboard ):

Fax:

\_\_\_\_\_

E-mail:

\_\_\_\_\_

Please charge \$ \_\_\_\_\_ to my  Visa  Mastercard

Card Number:

Name on Card:

\_\_\_\_\_

Expiry Date:

Cardholder signature:

\_\_\_\_\_

## AGREEMENT TO CONDITIONS OF BUSINESS:

I confirm that I have read and accept the Institute for Strategic Leadership Limited conditions of business. I also confirm that I am authorised by my organisation to form a contractual relationship with the Institute for Strategic Leadership Limited in connection with this booking.

Title (Mr, Mrs, Miss, Ms, Dr, other):

Family name:

First name:

\_\_\_\_\_

Job title:

\_\_\_\_\_

Signature:

Date:

\_\_\_\_\_

**PLEASE FAX** completed booking form to The Institute for Strategic Leadership fax: +64 9 336 1474