



REGISTRATION NO

DIPLOMA ASSESSMENT RE-SIT REGISTRATION FORM

Name..... Ph.Home ().....
 Address..... Ph. Work ().....
 Fax ().....
 Studio.....
 Email (if applicable)

I wish to re-sit the following unit/s (please tick the appropriate box)

Unit	Credits	Title	Cost	✓
NZPF 0006	20	Wedding Design	\$256.00	
NZPF 0007	25	Arrangement	\$256.00	
NZPF 0008	20	Wreath or Casket Spray	\$256.00	
NZPF 0009	20	Interpretive Design	\$256.00	
NZPF 0010	25	Written	\$158.00	
NZPF 0011	25	Portfolio	\$158.00	
	135	Total Due	\$	

Competent Results will be published in the NZPF Newsletter Yes No

Signature: _____ Date: ____/____/____

Cheque Visa Mastercard Internet Banking

Name on card: _____

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Expiry Date: ____/____ Cardholders Name: _____

or
PAY DIRECT TO NZPF ANZ BANK A/C NO. 010-226-0135434-00
(Please quote "Your name & Diploma Assessment Resit")
POST this form together with appropriate fee to:
 NZPF, P.O. Box 1532, Paraparaumu Beach, Paraparaumu 5252
or FAX TO (04) 237 5840

Office Use Only	
Payment Received	
Cheque <input type="checkbox"/>	Credit Card <input type="checkbox"/>
F/Member <input type="checkbox"/>	I/Banking <input type="checkbox"/>