REGISTRATION NO

# LEVEL 4 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 048** | **20** | **Wedding Design** | **$95.00** | |
| **NZPF 049** | **10** | **Hair/Body Flowers** | **$95.00** | |
| | | Section 1 | $47.50 | |
| | | Section 2 | $47.50 | |
| **NZPF 050** | **20** | **Sympathy Designs** | **$95.00** | |
| | | Section 1 | $47.50 | |
| | | Section 2 | $47.50 | |
| **NZPF 051** | **20** | **Bouquets** | **$95.00** | |
| | | Section 1 | $47.50 | |
| | | Section 2 | $47.50 | |
| **NZPF 052** | **10** | **Basket** | **$51.00** | |
| **NZPF 053** | **20** | **Arrangements** | **$95.00** | |
| | | Section 1 | $47.50 | |
| | | Section 2 | $47.50 | |
| **NZPF 058** | **25** | **Folio** | **$126.00** | |
| **NZPF 004** | **20** | **Written** | **$111.00** | |
| | **145** | **Total Due** | $ | |

**Competent Results** will be published in the NZPF Newsletter Yes ☐ No ☐

Signature: _____ Date: ____/____/_____

Cheque ☐ Visa ☐ Mastercard ☐ Internet Banking ☐

Name on card: _____

| | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | |

Expiry Date: ____/____ Cardholders Name: _____

**or**
**PAY DIRECT TO NZPF ANZ BANK A/C NO. 010-226-0135434-00**
**(Please quote "Your name & Level 4 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 ☐ Credit Card ☐
F/Member ☐ I/Banking ☐