



:: PO Box 1476, Shortland Street, Auckland :: **Phone:** (09) 379 3333 :: **Fax:** (09) 379 0096 :: **Email:** hospo@xtra.co.nz ::

**www.emanager.co.nz**

<b>First Name</b>	<input type="text"/>	<b>Date of Birth</b>	<input type="text"/>
<b>Last Name</b>	<input type="text"/>	<b>Contact Phone</b>	<input type="text"/>
<b>Preferred Name</b>	<input type="text"/>	<b>Contact Fax</b>	<input type="text"/>
<b>Postal Address:</b>		<b>Gender (Please tick)</b>	<input type="radio"/> <b>Male</b>
Street Address	<input type="text"/>		<input type="radio"/> <b>Female</b>
Suburb	<input type="text"/>		
City	<input type="text"/>	<b>Email Address</b>	<input type="text"/>

**Licensed Premises** - On which you are or will be employed.

**Do you have a disability** – Please give details

**User ID and Password**

The User ID and Password that you enter in here will be required for you to access the students test area and begin your tests.

**Specify a User ID – First Choice**

**Specify a User ID – Second Choice**

**Specify a Password – First Choice**

**Specify a Password – Second Choice**

**Specify your Secret Question**

**Specify your Secret Answer**

I confirm, by my signature, all the above details given are true and correct and that I have read the rules, as detailed on our web site – [www.emanager.co.nz](http://www.emanager.co.nz), and understand them to be binding.

**Signature**

**Date**

**PLEASE ENCLOSE PAYMENT OF \$245.00 inclusive GST**