

UPDATE YOUR DETAILS

Contact Details

Title: _____ First Name: _____ Surname: _____

Email Address: _____

New Contact Details

Title: _____ First Name: _____ Surname: _____

Postal Address: _____

Phone Number: Daytime: _____ Evening: _____ Mobile: _____

Email Address: _____

Next Step

Once you've filled this in please post this to:

BE PART OF THE ARTS, Auckland Arts Festival, PO Box 3787, Shortland Street, Auckland 1140 OR fax it to (09) 309 0176.

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