**ACTiON**

**Act**

**Evaluate**

**Share**

**Action Research Project: Registration Form**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Postal Address |  |
| Email: |  |
| Telephone |  |

**About Your Research Project**

|  |  |
| --- | --- |
| 1. What is your research question? | |
|  | |
| 2. Is this a group or individual project? | Group Individual |
| * If it is a group project what are the names and organisations of the other participants? | |
|  | |
| 3. Please provide a brief outline of your project | |
| 4. How would you like to share your project at the Action Research Conference? | |
| Short Presentation Workshop Poster Video  Other: | |

Please return your registration form to:



[admin@inclusivenz.org.nz](mailto:admin@inclusivenz.org.nz)

**Inclusive NZ**

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