



Registration
Form

Enroll here...
To earn MacPhe rewards!

I (name) _____

Address _____

Email Address _____

Phone number _____

By signing this form you agree to allow The National Testing Centre to advise Nutricia, and its agencies, of the number of blood tests I return during the programme.

Signed _____ Date _____

(Parent/Guardian please sign on behalf of kids under 10 years old)

Tick the box to ensure you have read and understood the Privacy Policy of this form and understand and agree with how the programme operates.

Don't forget that you automatically receive 1 point upon joining.

Please return promptly to:

National Testing Centre

P O Box 872, Auckland

