



## Registration Form

The information submitted will be used for all correspondence related to the Conference and for marketing records. Please ensure the information you complete is correct.

### IMPORTANT REGISTRATION INFORMATION

- Please refer to the website for full terms and conditions.

### A. REGISTRATION DETAILS

<b>TITLE</b>	Dr <input type="checkbox"/> Prof <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____ (please tick)	
<b>FAMILY NAME</b>		
<b>GIVEN NAME</b>		
<b>ORGANISATION</b>		
<b>POSITION</b>		
<b>POSTAL ADDRESS</b>		
<b>CITY/SUBURB</b>		
	STATE	POSTCODE
<b>COUNTRY</b>		
<b>TELEPHONE</b>		
<b>MOBILE PHONE</b>		
<b>FAX</b>		
<b>EMAIL</b>		
<b>PREFERRED NAME ON NAME BADGE</b>		

### B. REGISTRATION FEES

Category	Registration Fee
<i>Full Onsite Registration</i>	A\$1,250.00

B. Sub-Total Registration Fee: A\$ \_\_\_\_\_

### ENTITLEMENTS

	Full Registration
All Sessions	✓
All Conference Documentation	✓
Morning and Afternoon Tea	✓
Lunch	✓
Satchel	✓
Welcome Reception	✓
Conference Dinner	✓

**C. SOCIAL PROGRAM** (all fees include 10% Goods and Services Tax (GST))

**Welcome Reception, Tuesday 7 April 2015**

**Time:** 1730 - 1830

**Location:** Scientia Main Foyer, John Niland Scientia Building, UNSW

**Dress:** Smart Casual

Please note this event is **included** in the **full registrations**.

**Conference Dinner, Wednesday 8 April 2015**

**Time:** 1900 -2300

**Location:** Jack 'Pud' Cunnott Ocean Room, Coogee Surf Life Saving Club,

**Dress:** Smart Casual

Please note this event is **included** in the **full registrations**.

**D. Special Needs / Dietary Requirements**

Please specify if you have any special dietary requirements. Every attempt will be made to meet your requirements; however this may not be possible in every case.

- Gluten Free       Lactose Intolerant       Allergy to Nuts       Halal\*       Vegetarian  
 Vegan       Kosher\*       Allergy to Shellfish

Other \_\_\_\_\_

*\* Please note: If you have selected Kosher or Halal, you will be provided with a vegetarian meal.*

**E. Information Source**

What area/specialty group do you represent?

- Industry       Government  
 Academic/Student       NGO  
 Other (Please specify) \_\_\_\_\_

**F. Material Distribution**

YES – I consent to my name and address being passed on to another organisation involved in organising a similar event or distributing material related to the subject matter of the Conference.

No, I do not consent.

**G. Delegate List**

YES – please include my details as given in this form (and any subsequent amendment) in the Delegate List produced for the Conference which will be supplied to organising bodies, sponsors, and all delegates attending the Conference.

No, please do not include my details in the Delegate List.

