22nd CIRP Conference on Life Cycle Engineering 2015 7 – 9 April 2015 John Niland Scientia Building, UNSW ABN: 28 000 386 676



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

TITLE	Dr	Prof	Mr	Mrs	Ms	Miss	Other	(please tick)
FAMILY NAME	<u> </u>	1101	1711	IVIIO	1010	IVIIOO	Other _	(piedoc tiok)
GIVEN NAME								
ORGANISATION								
POSITION								
POSTAL ADDRESS								
POSTAL ADDRESS								
CITY/SUBURB								
	STA	TE					POSTCODE	
COUNTRY								
TELEPHONE								
MOBILE PHONE								
FAX								
EMAIL								
PREFERRED NAME ON NAME BADGE								

B. REGISTRATION FEES

Category	Registration Fee
Full Onsite Registration	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	✓

Welcome Reception, Tuesday 7 April 2015 Time: 1730 - 1830 Location: Scientia Main Foyer, John Niland Scientia Building, UNSW Dress: Smart Casual						
Ple	ase note this event	is included in the full regi	strations.			
Conference Dinner, Wednesday 8 April 2015 Time: 1900 -2300 Location: Jack 'Pud' Cannot Ocean Room, Coogee Surf Life Saving Club, Dress: Smart Casual						
FIE	ase note this event	is included in the full regi	strations.			
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	
□ \	/egan	☐ Kosher*	☐ Allergy to Shellfish			
Oth * P	erlease note: If you ha	ave selected Kosher or Hal	al, you will be provided v	with a vegetai	ian meal.	
L .			5			
What area/specialty group do you represent? Industry Academic/Student			☐ Government☐ 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.	 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. 					

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

H. Payment and Conditions

Cancellations must be notified in writing to the Conference Managers. Registration Fees:

- Cancellation before 24 February 2015 will incur an A\$100.00 cancellation fee.
- Cancellation before 6 March 2015 will receive a 50% refund of fees paid.

Please charge the total amount above to the following credit card

• Cancellation after 6 March 2015 will receive no refund.

Payment Section

Section B	Registration Fee	A\$
	Cheque Processing Fee (if applicable)	A\$
Total		A\$

By completing this registration form, I have read and agree to all the conditions, i.e. cancellation, refunds and entitlements outlined on the CIRP LCE 2015 Conference website and in this registration document.

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☐ MasterCard	☐ Visa Card	☐ American Express
Please note all tr by Arinex	ansactions by cr	edit card will appear on your statement as payment to: Conference
Credit card numb	er///	
Expiry Date:	_/ C	CCV:
Name on card:		
Billing Address: _		
Signature		Date / /