

AstroMed09

The Inaugural Sydney International Workshop
on Synergies In Astronomy and Medicine

14-16 December, 2009
The University of Sydney

Registration form

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|---|--|
| DELEGATE REGISTRATION Please fill in your name details as you would like them to appear on your name badge | FULL CONFERENCE REGISTRATION Includes all workshop sessions from Monday 14 – Wednesday 16 December 2009, all morning teas, lunches and afternoon teas Early Bird Registration closes on 18 September 2009 |
| FIRST NAME _____ | <input checked="" type="checkbox"/> <input type="checkbox"/> Earlybird Full Registration AUD\$250 |
| SURNAME _____ | <input type="checkbox"/> Earlybird Student Registration AUD\$150 |
| ORGANISATION _____ | <input type="checkbox"/> Standard Full Registration AUD\$300 |
| POSITION _____ | <input type="checkbox"/> Standard Student Registration AUD\$200 |
| POSTAL ADDRESS _____ | ONE DAY CONFERENCE SESSION Includes all workshop sessions for that day, morning tea, lunch and afternoon tea Note: there is no earlybird rate for 1-day registration |
| CITY & STATE _____ | DAY(S) Attending |
| COUNTRY _____ | <input checked="" type="checkbox"/> <input type="checkbox"/> Monday 14 th December 2009 |
| TELEPHONE _____ | <input type="checkbox"/> Tuesday 15 th December 2009 |
| FAX _____ | <input type="checkbox"/> Wednesday 16 th December 2009 |
| EMAIL ADDRESS _____ | DAILY FEE |
| | <input checked="" type="checkbox"/> <input type="checkbox"/> 1-dayFull Registration AUD\$120 |
| | <input type="checkbox"/> 1-dayStudent Registration AUD\$80 |
| SPECIAL NEEDS Please let us know if you have any special dietary or medical needs (e.g vegetarian meals, wheelchair access required etc) | |
| DIETARY NEEDS _____ | |
| HEALTH/MEDICAL NEEDS _____ | |
| OPTIONAL REGISTRATIONS | |
| <input type="checkbox"/> Welcome Cocktail Party – Sunday 13 th December 2009 The Refectory, Holme Building Science Road, The University of Sydney | |
| <input type="checkbox"/> Workshop Dinner (s) – AUD\$80 | |
| | REGISTRATION FEE SUBTOTAL |
| | \$ |

PAYMENT SUMMARY

Please add together your sub-totals from previous sections and write the final total here

TOTAL PAYMENT \$

PAYMENT DETAILS

Earlybird fee applies only until **18 September 2009**

CREDIT CARD PAYMENT Mastercard Visa Amex

Cardholder's Name: _____

Credit card number: _____

Expiry date: ____ / ____

3 Digit security code: _____

Cardholder's Signature: _____

Make a copy for your records and then return this completed form, via fax or post, with payment of your final total to:

Conference Secretariat
AstroMed09
The University of Sydney Union
Holme Building, Science Rd
University of Sydney, NSW 2006
Australia
PH: +61 2 9563 6299
FX: +61 2 9563 6398
E: AstroMed@usu.usyd.edu.au

This document becomes a Tax Invoice for GST purposes upon payment.

All rates are in Australian Dollars (AUD) inclusive of GST.

The University of Sydney ABN 12 211 513 464.