

# Registration Form/Tax Invoice

ABN: 26 877 813 056

(Please print clearly)

[For office use only] Reg No IWGS/ .....

## STEP 1: PERSONAL DETAILS

Family Name:..... Phone (Office):.....  
 Title (eg. Prof/Dr/Mr/Ms):..... Fax (Office):.....  
 First Name:..... Phone (Home/Mobile):.....  
 (preferred name for name badge) Email:.....  
 Position: .....  
 Organisation:..... **Accompanying Person**  
 Department:..... Title: .....First Name:.....  
 Postal Address:..... Family Name:.....  
 ..... Special Requests (eg dietary requirements, disability)  
 City:.....  
 State: .....Postcode.....  
 Country: .....

Privacy: I do not wish my personal details (name, organisation, state) to be included in the Delegate List to be distributed to delegates, sponsors and exhibitors at the conference.

## STEP 2: REGISTRATION TYPE

	Early Bird By 30 June 2008	Standard After 30 June 2008	A\$
Full Registration	<input type="checkbox"/> AU\$ 750	<input type="checkbox"/> AU\$ 850	.....
Student*	<input type="checkbox"/> AU\$ 450	<input type="checkbox"/> AU\$ 500	.....
Retiree	<input type="checkbox"/> AU\$ 375	<input type="checkbox"/> AU\$ 425	.....
Day Registration	<input type="checkbox"/> AU\$ 275	<input type="checkbox"/> AU\$ 300	.....
Circle day/s: Monday / Tuesday / Wednesday / Thursday / Friday			
Accompanying Person	<input type="checkbox"/> AU\$ 235	<input type="checkbox"/> AU\$ 235	.....

\* If applying for a Student Registration, please complete Step 3 of this form and obtain relevant signatures.

## STEP 3: STUDENT CERTIFICATION

I certify that.....  
 (Name of applicant)  
 is a full time student at.....  
 (Institution)  
 Signed (Head of Department):.....  
 Name (please print):..... Date:...../...../.....