

Epigenetic Regulation in Disease and Development

29th November - 2nd December 2005

CSIRO Discovery Canberra, Australia

REGISTRATION FORM / TAX INVOICE

ABN 41 687 119 230

Preferred Method: Online registration at www.pi.csiro.au/markoliphant-conf/

If you are unable to register online, please complete this form and return it, with full payment, as indicated on the form. Please print clearly. Each registrant must complete a separate form (photocopies are acceptable). All prices are quoted in Australian dollars and include GST.

* Please fill in the required details

1. PERSONAL DETAILS

Last Name* _____

Title (Prof/Dr/Mr/Mrs/Ms/Other) _____

First Name* _____

Preferred Name for Badge _____

Organisation _____

Address* _____

Suburb/City* _____

State* _____ Postcode* _____

Country* _____

Work phone* _____

Other phone _____

Fax* _____

Email* _____

Special Requirements (eg dietary, disability) _____

PRIVACY

 I do not wish my personal details to be included in the Participant List to be distributed to delegates, sponsors and exhibitors at the Conference.

2. REGISTRATION TYPE

Delegate	Early to 1/9/05	Standard 1/9/05
Full	<input type="checkbox"/> \$200	<input type="checkbox"/> \$250
Postdoc	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250
Student	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250
Invited speaker	<input type="checkbox"/> No payment required	

If there are still places available, registration at the conference venue will cost \$300.

3. SOCIAL FUNCTIONS (included in registration)*

	Y	N
Do you plan to attend the Malcolm McIntosh lecture and cocktail party? (Wednesday evening)	<input type="checkbox"/>	<input type="checkbox"/>
Do you plan to attend the conference dinner? (Thursday evening)	<input type="checkbox"/>	<input type="checkbox"/>

4. ABSTRACT for poster/oral presentation*

	Y	N
Are you submitting an abstract?	<input type="checkbox"/>	<input type="checkbox"/>
Do you want it to be considered for an oral presentation?	<input type="checkbox"/>	<input type="checkbox"/>

Please email your abstract as an attachment using the form provided on the web site to conference.reg@csiro.au

5. PAYMENT DETAILS*

All fees and costs quoted are GST inclusive. Tax invoices will be issued to all registrants following receipt of the registration form and payment.

 OPTION A - PLEASE CHARGE MY CREDIT CARD

Credit Card Type
(tick appropriate box and complete details below)

 Bankcard Mastercard Visa

Credit card number _____

Cardholder's Name _____

Amount \$ _____ Expiry date _____

Signature _____

Date _____

 OPTION B - I ENCLOSE A CHEQUE

Cheques are to be made payable to "CSIRO Collector of Monies"

 OPTION C - CSIRO STAFF

Please provide a pno code: _____

 OPTION D - INVITED SPEAKER

6. Forward this Registration Form with Payment to -

Pamela Phillips (Conference Secretary)
CSIRO Plant Industry, GPO Box 1600, CANBERRA ACT 2601
Fax 02 6246 5000

We suggest you make a copy of this form for your own records. If payment has to be processed through a large organisation and may be delayed, please forward a copy of the registration form to the Secretary.

[For Office Use Only] RECEIPT No _____