



Stuttering A Clinical Symposium

Cavtat, Croatia
22 - 26 May 2010

Please complete this form in capital letters and return by fax or e-mail with payment to:

Jasmine Katakos, conference organizer

The University of Sydney, Australia

Phone: +61 2 9036 7407

Fax: +61 2 9351 9392

E-mail: j.katakos@usyd.edu.au

- **Please note that the number of participants is limited and participation is on a first come, first served basis.**
- **No applications will be considered after 31 March 2010.**
- **Please use one form for each registration.**

REGISTRATION FORM

Delegate:

Please indicate how you would like your title and name to be written on any official documentation.

Title: Prof Dr Mr Mrs Ms Other _____

Last name _____ First name _____

Association/Institution _____

Address _____

City _____ Postal Code _____ Country _____

Phone _____ Fax _____

E-mail _____

Please indicate if you do not want your name, institution and e-mail to be on the delegate list

REGISTRATION FEES

Fee	Discounted local fee*	Discounted PhD student fee**
€ 425 <input type="checkbox"/>	€ 295 <input type="checkbox"/>	€ 215 <input type="checkbox"/>

* Participants from Croatia, Serbia, Bosnia & Herzegovina, Montenegro, Kosovo, Macedonia and Bulgaria pay the discounted fee.

** Full time PhD students pay the discounted fee.

METHOD OF PAYMENT:Credit Card Bank transfer **Credit Card**Visa Mastercard Amex Diners

Credit Card number _____ Expiry Date ____ / ____

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If paying by credit card, please print the whole form out, fill it in, sign and fax it to:**+61 2 9351 9392****Bank Transfer to:****Bank Account Name:** THE UNIVERSITY OF SYDNEY**BSB:** 082 372**Bank Account Number:** 50 944 8377**Project Code Ref:** G0041**Name of Bank:** NATIONAL AUSTRALIA BANK**Address of Bank:** Wentworth Building G01

174 City Road

Chippendale NSW 2006

Swift Code: NATAAU3302S**ABN:** 15 211 513 464

In this case, please fax or email us a copy of the bank transfer remittance advice together with the Registration Form.

Amount should be net of any bank commission and currency conversion fee.

Please invoice my institution at this address:_____
_____**BOOKING & PAYMENT CONDITIONS**

- Unless your institution is paying, the fee payment must accompany this application form. Without the fee payment participation can not be confirmed.
- The confirmation will be sent to you by email or fax.

Date : _____ Signature : _____