REGISTRATION REQUEST FOR THE BOSCH LIVE CELL ANALYSIS FACILITY (LCAF) MAMMALIAN CELL CULTURE WORKSHOP, NOVEMBER 2017

Title: _____ Surname: ___________________________ Given Name: __________________________________

Research Laboratory: ____________________________
[Note only those listed on the SoMS Directory will be counted as SoMS Members for the purpose of determining Access Fees]

Or External Address: ____________________________

Contact No: ____________________________ Email: ____________________________________________

Name of Supervisor: __________________________________

Workshop Registration Fee:

- LCAF Registered User: Free
- SoMS Member: $ 100.00
- University of Sydney Member: $ 146.00
- External: $ 200.00

Workshop Fee Payment - Journal Transfer (Please print details)

I ____________________________ from the Discipline of ____________________________

Endorse the journal transfer of from my account code:______________________________

Amount: □ LCAF Registered User □ $100 □ $146 □ $200 (Please tick one)

Class: 5414 RC: __________ Project: __________ Analysis: __________

Being Registration for the Bosch LCAF Mammalian Cell Culture Workshop:

Registered Participant: __________________________________

Signed (Supervisor, HOD etc): __________________________ Date: ____________________