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:

<table>
<thead>
<tr>
<th>User Type</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCAF Registered User</td>
<td>Free</td>
</tr>
<tr>
<td>SoMS Member</td>
<td>$100.00</td>
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<tr>
<td>University of Sydney Member</td>
<td>$146.00</td>
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<tr>
<td>External</td>
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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: ______________________