

AstroMed09

The Inaugural Sydney International Workshop
on Synergies In Astronomy and Medicine

14-16 December, 2009
The University of Sydney

Registration form

DELEGATE REGISTRATION Please fill in your name details as you would like them to appear on your name badge	FULL CONFERENCE REGISTRATION Includes all workshop sessions from Monday 14 – Wednesday 16 December 2009, all morning teas, lunches and afternoon teas Early Bird Registration closes on 18 September 2009
FIRST NAME _____	<input checked="" type="checkbox"/> <input type="checkbox"/> Earlybird Full Registration AUD\$250
SURNAME _____	<input type="checkbox"/> Earlybird Student Registration AUD\$150
ORGANISATION _____	<input type="checkbox"/> Standard Full Registration AUD\$300
POSITION _____	<input type="checkbox"/> Standard Student Registration AUD\$200
POSTAL ADDRESS _____	ONE DAY CONFERENCE SESSION Includes all workshop sessions for that day, morning tea, lunch and afternoon tea Note: there is no earlybird rate for 1-day registration
CITY & STATE _____	DAY(S) Attending
COUNTRY _____	<input checked="" type="checkbox"/> <input type="checkbox"/> Monday 14 th December 2009
TELEPHONE _____	<input type="checkbox"/> Tuesday 15 th December 2009
FAX _____	<input type="checkbox"/> Wednesday 16 th December 2009
EMAIL ADDRESS _____	DAILY FEE
	<input checked="" type="checkbox"/> <input type="checkbox"/> 1-dayFull Registration AUD\$120
	<input type="checkbox"/> 1-dayStudent Registration AUD\$80
SPECIAL NEEDS Please let us know if you have any special dietary or medical needs (e.g vegetarian meals, wheelchair access required etc)	
DIETARY NEEDS _____	
HEALTH/MEDICAL NEEDS _____	
OPTIONAL REGISTRATIONS	
<input type="checkbox"/> Welcome Cocktail Party – Sunday 13 th December 2009 The Refectory, Holme Building Science Road, The University of Sydney	
<input type="checkbox"/> Workshop Dinner (s) – AUD\$80	
	REGISTRATION FEE SUBTOTAL
	\$

PAYMENT SUMMARY

Please add together your sub-totals from previous sections and write the final total here

TOTAL PAYMENT \$

PAYMENT DETAILS

Earlybird fee applies only until **18 September 2009**

CREDIT CARD PAYMENT Mastercard Visa Amex

Cardholder's Name: _____

Credit card number: _____

Expiry date: ____ / ____

3 Digit security code: _____

Cardholder's Signature: _____

Make a copy for your records and then return this completed form, via fax or post, with payment of your final total to:

Conference Secretariat
AstroMed09
The University of Sydney Union
Holme Building, Science Rd
University of Sydney, NSW 2006
Australia
PH: +61 2 9563 6299
FX: +61 2 9563 6398
E: AstroMed@usu.usyd.edu.au

This document becomes a Tax Invoice for GST purposes upon payment.

All rates are in Australian Dollars (AUD) inclusive of GST.

The University of Sydney ABN 12 211 513 464.