

ICSCS'10 ONSITE REGISTRATION FORM

TAX INVOICE / RECEIPT ABN: 53 014 069 881

**Personal Details:**

Surname:	First Name:	Title:
Organisation:		
Position:		
Postal Address:		
Suburb:	State:	Postcode: Country:
Phone:	Fax:	
Email:		

In registering for this conference, relevant contact details will be incorporated into a delegate list produced for the conference which will be supplied to future ICSCS conference organising bodies, sponsors, exhibitors, and all delegates attending the conference. Please indicate below if you do not wish for your details to be included in the delegate list. Please note if you select the below box your name will NOT appear in the attendee list given to delegates onsite at the conference.

Please **do not** include my details in the delegate list

How did you find out about the ICSCS'10?

<input type="checkbox"/> Website <i>please specify website</i>	<input type="checkbox"/> Advertisement: <i>please specify publication</i>
<input type="checkbox"/> Newspaper/ Editorial: <i>please specify publication</i>	<input type="checkbox"/> Newsletter: <i>please specify source</i>
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Other: <i>please specify</i>

Dietary Requirements

Please inform us of any dietary requirements you may have, e.g. vegetarian, halal, etc.

Special Requirements

Please list any special requirements, i.e. wheel chair access, vision impaired, etc. in the field below.

Registration Type:

<input type="checkbox"/> Full Conference Registration (<i>Sessions on Wed 20 – Fri 23, 2010 & Welcome Ceremony</i>)	Rate [AUD] \$ 1,370.00
<input type="checkbox"/> Day Registration (<i>One day only</i>) Please indicate which day you will be attending:	\$ 770.00
<input type="checkbox"/> Wednesday 21 July, 2010 <input type="checkbox"/> Thursday 22 July, 2010 <input type="checkbox"/> Friday 23 July, 2010	

Social Program

The Welcome Ceremony is included in all full conference registrations only.

Please ✓ the "No" box if you DO NOT wish to attend, to avoid wastage.

FUNCTION	Conference Pass Full Registration		Day/ Paramedical/ Registrar/ Additional Tickets		\$ TOTAL
	YES	NO	#	COST	
Welcome Ceremony Wednesday 20 July, 6.00pm – 8.00pm				\$ 65.00	
Conference Dinner Thursday 22 July, 2010: 7:00pm – 11:00pm	FULLY BOOKED				
SOCIAL PROGRAM TOTAL				\$ AUD	

*prices include GST at 10%.

Registration Payment Summary

Registration	\$
Social Functions	\$
GRAND TOTAL	\$

Payment Method:

Please debit my card with the amount owing on this form. MasterCard Visa

Card Number: _____ Expiry Date: _____

Cardholders Name: _____ Cardholders Signature: _____

Please note that debits to your credit card will appear on your statement as "International Conferences & Events (ICE) Aust P/L".