



SEEING THE FUTURE

Centre for Eye Research Australia
10th Anniversary



REGISTRATION FORM

10th Anniversary Colloquium - 12-13 October 2006
Vincent's Function Centre - St Vincent's Hospital, Fitzroy

A form must be completed for each registrant.

PLEASE KEEP A COPY OF YOUR REGISTRATION DETAILS

MU Student Union Ltd ABN: 89 107 286 706

Note: All rates in Australian Dollars (AU\$) inclusive of GST.

TAX INVOICE for GST Purposes

PERSONAL DETAILS - Please use BLOCK letters

(Ms/Mrs/Mr/Dr/Prof) Family name: _____ Given name/s: _____

Preferred name for tag: _____

Department: _____

Organisation: _____

Address for correspondence: _____

City: _____ State: _____ Postcode: _____ Country: _____

Tel: (____) _____ Fax: (____) _____ Mobile: _____

Email: _____

CONFERENCE REGISTRATION FEES - Please tick the appropriate box

Standard Registration
(after 15 September 2006)

- | | | |
|--------------------------------------|--------------------------|-------|
| Standard Registration | <input type="checkbox"/> | \$440 |
| Concession Registration * | <input type="checkbox"/> | \$300 |
| Standard Single Day Registration | <input type="checkbox"/> | \$250 |
| Concession Single Day Registration * | <input type="checkbox"/> | \$200 |

*A copy of concession identification must be forwarded with the registration form to ensure eligibility for this rate.

Registration Fee AU\$ _____

COCKTAIL RECEPTION

I will be attending the Cocktail Reception on the evening of Thursday 12th October? YES NO

Further information will be forwarded to attending delegates, once details for the Cocktail Reception have been confirmed.

SPECIAL REQUIREMENTS

Special Assistance

Please indicate if you have a disability or require assistance to be able to participate fully in the Conference. *Please state the type of assistance required:*

Dietary Requirements

We may be able to provide for special meal requirements. Please specify if you have any:

PRIVACY

Do you agree to have your contact details included on the delegate list? Yes
 No

PAYMENT DETAILS

A TOTAL PAYMENT DUE AU\$ _____

Payment Method - *Please tick appropriate box*

Cheque enclosed. Cheques must be in Australian Dollars and made payable to MU Student Union Ltd - CERA 10.

Payment by credit card:

MasterCard Visa Bankcard

Card number:

Card holder's name [please print] _____

Signature _____ Expiry Date: _____

Please send registration form with payment in Australian Dollars (AU\$) to:

CERA 10
Conference Management
Old Physics Building
The University of Melbourne
Victoria, Australia, 3010

Further Information: Telephone: (+61 3) 8344 6389 Fax: (+61 3) 8344 6122

Email: jodie.north@union.unimelb.edu.au

Website: <http://www.conferences.unimelb.edu.au/cera10>

Registration Cancellation Policy

Cancellation of a registration must be notified in writing to Conference Management. Cancellations prior to 14 September 2006 will receive a full refund less \$110 administration fee. No refund will be given for cancellation after 14 September 2006, however transfer of registrations are possible. Conference Management must be notified in writing of any transfer of registrations. By submitting this form you agree to the Registration Cancellation Policy.