



AEA 2006

15th Annual Meeting of the
Australasian Epidemiological Association
18-19 September 2006
The University of Melbourne

REGISTRATION FORM

The University of Melbourne ABN: 84 002 705 224

TAX INVOICE for GST Purposes

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

A form must be completed for each registrant.

PLEASE KEEP A COPY OF YOUR REGISTRATION DETAILS

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:(____) _____ Email: _____

CONFERENCE REGISTRATION FEES – Please tick the appropriate box

**Standard Registration
(after 21 July 2006)**

AEA Member Registration \$505

Non-Member Registration \$610

Non Member with Subscription \$585

Student Member Registration* \$395

Student Non-Member Registration* \$465

Student Non-Member with Subscription* \$455

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

For Day Registration Only

Single Day Registration \$310

Please indicate day: Monday 18 September

Tuesday 19 September

Registration Fee AU\$ _____

SOCIAL FUNCTIONS & SPECIAL EVENTS

Welcome Reception (Sun 17 September)

YES / NO

Please indicate if you will be attending the early registration and Welcome Reception at 5:30pm on Sunday 17 September at Rydges Carlton Hotel.
[There is no charge for attending this event]

Additional tickets: _____ @ AU\$35 = Total Cost: AU\$ _____

Conference Dinner (Mon 18 September)

YES / NO

Please indicate if you will be attending the Conference Dinner at 7pm on Monday 18 September at the Melbourne Aquarium

Number of tickets: _____ @ AU\$90 = Total Cost: AU\$ _____

Breakfast Sessions (Tue 19 September)

Please indicate if you will be attending a Breakfast Session at 7:15am on Tuesday 19 September at local cafés [places limited] Please ensure you insert the number of the session you wish to attend in the space provided by. Information on the Breakfast sessions is available on the website.

Session # [see website for details]: _____ @ AU\$20 = Total Cost: AU\$ _____

B Total Social Events Fee AU\$ _____

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 + **B** TOTAL PAYMENT DUE \$ _____

Payment Method - Please tick appropriate box

Cheque enclosed. Cheques must be in Australian Dollars and made payable to University of Melbourne – AEA 06.

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:

AEA 2006
Conference Management
Old Physics Building
The University of Melbourne
Victoria, Australia, 3010

Further Information: Telephone: (+61 3) 8344 6107 Fax: (+61 3) 8344 6122
Email: aea-2006@unimelb.edu.au
Website: <http://www.conferences.unimelb.edu.au/aea2006>

Registration Cancellation Policy

Cancellation of a registration must be notified in writing to Conference Management. Cancellations prior to 15 August 2006 will receive a full refund less \$110 administration fee. No refund will be given for cancellation after 15 August 2006, however substitutions will be possible.