

Conference Registration Form

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

A form must be completed for each registrant.

The University of Melbourne ABN: 84 002 705 224

PERSONAL DETAILS – Please print

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

Preferred name for tag: _____

Department: _____

Organisation: _____

Address: _____

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

Tel:(____) _____ Fax:(____) _____ Email: _____

CONFERENCE REGISTRATION FEES – Please tick the appropriate box

	Standard Registration (by 1 April 2005)	Late Registration (after 1 April 2005)
Full Academic/Government Registration	<input type="checkbox"/> AU\$430	<input type="checkbox"/> AU\$580
Student Registration*	<input type="checkbox"/> AU\$150	<input type="checkbox"/> AU\$250
Full Industry Registration	<input type="checkbox"/> AU\$1200	<input type="checkbox"/> AU\$1500

A Registration Fee AU\$ _____

*Anyone enrolled in a full-time programme of study is eligible for the student rate. The registration form must be accompanied by a letter from the participant's supervisor or Head of School confirming this status.

NOTE: Registration fee **includes** working lunch on full conference days (Mon, Tue, Thu, Fri) for all participants. Conference Dinner is **included** in Full Registration.

SOCIAL EVENTS

Welcome Reception (Sun 10 July) Number attending: _____

[inclusive for all registered participants and accompanying persons]

Great Barrier Reef Excursion (Wed 13 July)

Number of persons: _____ @ AU\$135* = Total Cost: AU\$ _____

*The price for the reef excursion is based on a minimum of 30 delegates participating. If numbers do not reach 30, an additional charge of \$25.00 per person will apply.

Conference Dinner (Thu 14 July) For fully registered participants: Are you attending? Please tick

[Conference dinner is included in Full registration only]

Students and accompanying persons may attend the **Conference Dinner** at an additional cost of AU\$80 p/person. Number of additional guests: _____ @ AU\$80 = Total Cost: AU\$ _____

B Total Social Events Fee AU\$ _____

SPECIAL REQUIREMENTS

Do you require **Special Assistance** to be able to fully participate in the Conference? *Please indicate:* _____

Do you (or your accompanying person) have **Special Dietary Requirements**? * *Please indicate:* _____

* we may not be able to provide for all dietary requirements.

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 – SMOCS 05.

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:

SMOCS 2005

Conference Management

Old Physics Building

The University of Melbourne

Victoria, Australia, 3010

Telephone: (+61 3) 8344 6107 Fax: (+61 3) 8344 6122

Email: smocs-2005@unimelb.edu.au

Website: <http://www.conferences.unimelb.edu.au/smocs05>

Registration Cancellation Policy

Cancellation of a registration must be notified in writing to Conference Management. Cancellations prior to 1 June 2005 will receive a full refund less \$55 administration fee. No refund will be given for cancellation after 1 June 2005, however substitutions will be possible.

PLEASE KEEP A COPY OF YOUR REGISTRATION DETAILS

