

CONGRESS REGISTRATION FORM

XIX INTERNATIONAL CONGRESS OF GENETICS

TAX INVOICE > ABN: 83 094 129 487

The preferred method of registration is via the web at: www.geneticscongress2003.com

Otherwise, please complete this form.

> Please print in block letters and keep a photocopy for your record. One form per person please.

> Note that all prices quoted are in Australian dollars and are inclusive of Goods and Services Tax (GST).

CONTACT DETAILS

Mr / Ms / Mrs / Miss / Dr / Professor / Other (please specify) _____

Surname _____ First Name _____

Organisation _____ Position _____

Alternative Contact Person: _____

Address _____

Town/City _____ Country _____ Zip/Postcode _____

Bus Telephone _____ Bus Fax _____

Mobile Telephone _____ Home Telephone _____

Email _____

Please specify your primary role at the Congress:

Delegate

Sponsor

Exhibitor

Speaker

Committee

Chair

CONGRESS REGISTRATION

	Early Bird (Paid by 6 March 2003)	Standard (Paid After 6 March 2003)	On Site
Delegate	\$690	\$890	\$1,000
Student	\$345	\$445	\$500

Student Number Required:

**Student Cards must be shown
to register for the Congress**

Congress Registration Sub Total A\$ _____

Preferred Name for Badge: _____

INCLUSIVE SOCIAL FUNCTIONS (included in registration)

Refer to the Social section at www.geneticscongress2003.com for full details.

The Welcome Reception is included in the cost of the Congress registration fee. For catering purposes, please indicate if attending. Additional tickets are available for partners and guests – please indicate the number of tickets required.

Sunday 6th July – Welcome Reception Yes No

If you would like to purchase **additional** tickets for partners and guests, please indicate below.

No. of additional tickets: _____ x A\$50.00 = A\$ _____

Name of additional attendee/s: _____

The Congress Celebration is included in the cost of the Congress registration fee. For catering purposes, please indicate if attending. Additional tickets are available for partners and guests – please indicate the number of tickets required.

Thursday 10 July – Congress Celebration Yes No

No. of Tickets required: _____ x A\$105.00 = A\$ _____

Name of additional attendee/s: _____

OPTIONAL SOCIAL FUNCTIONS (not included in registration)

Refer to the Social section at www.geneticscongress2003.com for full details.

Monday 7 July – DNA Discovery Dinner

No. of Tickets required: _____ x A\$125.00 = A\$ _____

Name of additional attendee/s: _____

Dietary Requirements

Please indicate if you have any special dietary requirements: _____

Social Functions Sub Total A\$ _____

REG

ACCOMMODATION

Refer to the Accommodation section at www.geneticscongress2003.com for full details.

Rating	Hotel	Room Type Rate per room per night	
		Double (one bed)	Twin (two beds)
5	Crown Towers	<input type="checkbox"/> \$299 Double Room	<input type="checkbox"/> \$299 Twin Room
		<input type="checkbox"/> \$550 Executive Suites	
		<input type="checkbox"/> \$550 Deluxe Suites	
5	Grand Hotel Apartments	<input type="checkbox"/> \$199 Studio Suite	<input type="checkbox"/> \$354 Two Bedroom Suite
		<input type="checkbox"/> \$219 One Bedroom Suite	
4.5	Holiday Inn Melbourne	<input type="checkbox"/> \$200 Double	<input type="checkbox"/> \$200 Twin
		<input type="checkbox"/> \$309 Double Suites	
4.5	Savoy Park Plaza	<input type="checkbox"/> \$185 Double	<input type="checkbox"/> \$185 Twin
4	Holiday Inn on Flinders	<input type="checkbox"/> \$195 Double	<input type="checkbox"/> \$195 Twin
4	Gateway Suites	<input type="checkbox"/> \$195 One Bedroom Apartment	<input type="checkbox"/> \$320 Two Bedroom Apartment
4	Quest Southbank Apartments	<input type="checkbox"/> \$175 One Bedroom Apartment	<input type="checkbox"/> \$225 Two Bedroom Apartment
4	Duxton Hotel	<input type="checkbox"/> \$170 Deluxe Double	
		<input type="checkbox"/> \$140 Standard Double	
		<input type="checkbox"/> \$140 Standard Twin	
3.5	Explorers	<input type="checkbox"/> \$120 Double	<input type="checkbox"/> \$120 Twin
3.5	Batmans Hill Hotel	<input type="checkbox"/> \$129 Double	<input type="checkbox"/> \$129 Twin
3	University College	<input type="checkbox"/> \$58 Single Room – Shared Facilities	<input type="checkbox"/> \$84 Single Room – Ensuite

2nd Preference, if first choice is not available _____

3rd Preference, if first & second choice is not available _____

Note: Hotel bookings will not be accepted unless accompanied by a minimum of one night's tariff as deposit.

Accommodation Sub Total A\$ _____

Any Special Requirements _____

I have arranged to share with _____

Arrival: Day In _____ /10/02 (check in 1:00pm onwards)

Time of arrival: _____ am/pm

Departure: Day Out _____ /10/02 (check out approximately 10:00am)

Change of Booking

Any change to a reservation must be notified in writing to the Congress Secretariat and not directly to the hotel.

Refund/Cancellation

Unless notification of cancellation is received in writing **thirty** days prior to arrival date, the accommodation deposit will be forfeited in all instances.

FORM

PAYMENT SUMMARY

Please transfer all sub totals from the sections above and check your calculations carefully.

Registration	AUD\$ _____
Social Functions	AUD\$ _____
Accommodation	AUD\$ _____
TOTAL PAYMENT	AUD\$ _____

Method of Payment:

Cheque Bank Draft

(cheques/bank drafts payable in AUD\$ to "XIX International Congress of Genetics 2003 P/L")

Credit Card: Bankcard MasterCard Visa American Express Diners Club

Cardholder's Name _____ Expiry Date _____

Card No. _____ Signature _____

If paying by credit card, registrations can be made by facsimile or via the website.

All amounts in this brochure are in Australian dollars (A\$) and include Goods and Services Tax (GST).

Cancellation Policy

All cancellations of registration fees must be received in writing. Cancellations received on or before 6 June 2003 will be refunded less an administrative fee of A\$100. **No refund** of registration fees will be possible if cancellations are received **after 6 June 2003**. Substitutions, however, can be made at any time. Please advise substitutions in writing so we can have the correct badge at the registration desk.

PRIVACY STATEMENT

Do you agree to have your contact details distributed to the Congress Exhibitors, Sponsors and other delegates.

Yes – I agree to have my details distributed

No – I would not like my details distributed

Signature _____

Please complete and return this form to:

Congress Secretariat
The Meeting Planners Pty Ltd
91-97 Islington Street
Collingwood VIC 3066
AUSTRALIA

If you require additional information contact:

Website: www.geneticscongress2003.com
Telephone: + 61 3 9417 0888
Facsimile: +61 3 9417 0899
Email: genetics@meetingplanners.com.au