



3RD INTERNATIONAL CONFERENCE ON Legume Genomics & Genetics

9 - 13 APRIL 2006

REGISTRATION FORM

Please complete and return this form with payment to:
3rd International Conference on Legume Genomics and Genetics
C/- OzAccom
PO Box 104
RBH Post Office QLD 4029
AUSTRALIA
Australian Fax: 07 3854 1507
International Fax: +61 7 3854 1507

OR REGISTER ONLINE - www.iclgg3.org

ABN: 34 055 792 740. Please complete one form per delegate. The form may be photocopied. All prices in Australian Dollars and include 10% GST.

Privacy Statement

Please note that in registering for this Conference relevant details will be incorporated into a delegate list for the benefit of all delegates (name, organisation & country only), and may be available for parties directly related to the Conference including ARC Centre of Excellence for Integrative Legume Research, The OzAccom Group, the Organising Committee, venues and accommodation providers (for purposes of room bookings and conference activities) and sponsors (subject to conditions). If you do not wish your details to be made available to fellow delegates, please tick this box

Section 1. Personal Details

Last Name: _____ Title (eg Mr/Mrs/Ms/Dr/Prof): _____

First Name: _____

Organisation: _____

Position: _____

Postal Address: _____

City: _____ State: _____

Zip/Postcode: _____ Country: _____

Telephone: (work) _____ Facsimile: _____

Telephone: (mobile/cell) _____ Email: _____

Special Requirements: Please note any specific dietary, medical or other requirements, eg. Wheelchair access or vegetarian meals:

Section 2. Registration Fee

	Earlybird	Standard
Fulltime	<input type="checkbox"/> AUD\$1100	<input type="checkbox"/> AUD\$1320
Student	<input type="checkbox"/> AUD\$550	<input type="checkbox"/> AUD\$660
Day only	<input type="checkbox"/> AUD\$330	<input type="checkbox"/> AUD\$440

(Please indicate days required for day registrants only) Monday Tuesday Wednesday Thursday

Sub-Total AUD\$

Section 3. Inclusive Social Functions

For catering purposes, please tick the functions you will be attending.

- | | |
|---|--|
| <input type="checkbox"/> Welcome Reception - Sunday | <input type="checkbox"/> Monday Lunch |
| <input type="checkbox"/> Tuesday Lunch | <input type="checkbox"/> Conference Dinner - Wednesday |
| <input type="checkbox"/> Wednesday Lunch | <input type="checkbox"/> Thursday Lunch |

Section 4. Additional Social Function tickets

Please indicate below if you would like to purchase tickets to the optional City Lights Tour & Dinner or additional tickets for the Conference social functions for partners/guests/day delegates (Welcome Reception and Dinner - lunch included for day delegates).

	No. of tickets	Cost	Total
Welcome Reception		AUD\$55	
Monday Lunch		AUD\$40	
Optional Function - City Lights Tour		AUD\$95	
Tuesday Lunch		AUD\$40	
Conference Dinner		AUD\$110	
Wednesday Lunch		AUD\$40	
Thursday Lunch		AUD\$40	
			Sub-Total AUD\$

Section 5. Accommodation

Please indicate your first, second and third choice of accommodation establishment below. The properties are listed in this brochure or on the Conference website.

First Preference	Room Type (if applicable)
Second Preference	Room Type (if applicable)
Third Preference	Room Type (if applicable)

Arrival (Check in)/04/06 Estimated time of Arrival.....
Departure (Check out)/04/06 Estimated time of Departure.....

I will be accompanied by or have arranged to share with

Accommodation Reservation Deposit

Please note: Accommodation bookings can be secured by providing your credit card details or a deposit of one night's tariff payable by cheque or money order (made payable to Ozaccom). Please note, Ozaccom will NOT debit your credit card for the accommodation, however the accommodation venue may, at its discretion, debit the card for the deposit.

- Please guarantee my accommodation booking using the following credit card.
- Card Type: American Express Bankcard Diners Club MasterCard Visa
- Cardholder's name _____
- Card number _____ Expiry date _____ / _____
- Signature _____

OR

- Deposit of one night's accommodation is included with payment on this form (cheque or money order payable to Ozaccom).

Section 7. Payment

Subtotal Section 2 - Registration Fee	AUD\$
Subtotal Section 4 - Additional Social Function Tickets	AUD\$
Subtotal Section 5 - Accommodation	AUD\$
(Cheque/money order payments only)	
Total Payment AUD\$	

- Please find enclosed my cheque/money order made payable to Ozaccom

OR

- Please debit my credit card for AUD\$

Card Type: American Express Bankcard Diners Club MasterCard Visa

Cardholder's name _____

Card number _____ Expiry date _____ / _____

Signature _____

Please note that debits to your credit card will appear as Ozaccom on your statement.