

ICPA 2010
Fremantle, Australia, September 9-12, 2010
Registration Form

First name: _____

Family name: _____

Title: _____

Gender: _____

University/Institution: _____

Department: _____

Field of interest: _____

Contact details

Mailing address: _____

Telephone number: _____

Fax number: _____

Email address: _____

Please download and complete this form, and send it either by email (attachment) or by fax to:

Professor Alan Bittles

Centre for Comparative Genomics, Murdoch University, South Street, Perth 6150, Australia

Email: abittles@cgc.murdoch.edu.au

Fax: +61 8 9360 7238

Registration

Registration commences on April 12, 2010. All abstracts should be submitted by June 1, 2010.

Registration fee

	Early registration (to 31 July)	General registration (from 1 August)
Delegate	<input type="checkbox"/> A\$650	<input type="checkbox"/> A\$750
Accompanying person	<input type="checkbox"/> A\$300	<input type="checkbox"/> A\$350
Student*	<input type="checkbox"/> A\$300	<input type="checkbox"/> A\$350

All registrations are payable in Australian dollars only. For Japanese delegates, payment can be arranged via the JSPA.

*Student registration is restricted to persons under 30 years of age who are full-time students of an accredited university. Applications for student registration should be accompanied by a letter/email from your professor/supervisor confirming your student status.

Payment

Registration for ICPA 2010 will be confirmed after receipt of payment.

o **Bank transfer:**

Bank: ANZ
Account name: Genetics & Population Health Conference
Account number: 3698-00753
BSB: 016-498
SWIFT CODE: ANZBAU3M

If using payment by bank transfer, please include your surname and the date of transfer.

o **Credit card** **Visa** o **Mastercard**

Card number: _____
Cardholder's name: _____
Date of expiry: _____
Verification code: _____
Total amount: _____

Signature of cardholder: _____ Date _____

Cancellation

Before or on 16 August 2010, 50% of the paid amount will be refunded.
After 16 August, 2010, no refunds will be payable other than under exceptional circumstances.

Acceptance

For registration and to indicate acceptance of these terms, please print, sign and submit this form by email (scanned) or by fax to Professor Alan Bittles:

Name: _____ Signature _____ Date _____

For office use only

Registration form received_____

Payment received_____

Confirmation sent to registrant_____

Cancellation_____

Comments_____