

Australian Society of Cytology

38th Annual Scientific and Business Meeting

24th – 27th October 2008

REGISTRATION FORM

Surname _____ First name _____ Title _____

Address _____

State _____ Postcode _____ Country _____

Laboratory _____

Tel: _____ Fax: _____ Email: _____

Special Requirements: (eg Dietary, wheelchair access, other please state) _____

REGISTRATION FEES (please circle)

	Member	Non Member
ASC 38th ASM		
Early registration before 06/07/08	\$700	\$840
Full registration after 06/07/08	\$750	\$905
Day registration (please circle which day)		
Saturday		\$330
Sunday		\$330
Monday		\$300
		Subtotal \$ _____

Full registration (not day) includes attendance at the Cocktail Party and Conference Dinner.
For catering purposes please indicate if you will/will not attend these functions.

Conference Cocktail Party? Y N (please circle)
Conference Dinner? Y N (please circle)

Day Registrants or partner to attend the:

Conference Cocktail Party @ \$60.00/person \$ _____
Conference Dinner @ \$120.00/person \$ _____
Subtotal \$ _____
TOTAL \$ _____
(Inc GST)

Payment Details:

Cheque or Money Order made payable to: "Australian Society of Cytology Inc"

Or please debit my Visa MasterCard (please circle)

Card No.

Expiry _____ Amount _____

Name on Card _____

Signature on card _____

Return to: Australian Society of Cytology P.O. Box 491 North Adelaide, SA 5006

Tax Invoice March 2008. A receipt will be sent on payment. All prices GST inclusive
Australian Society of Cytology Inc
ABN 76 001 239 606