

**REGISTRATION FORM and TAX INVOICE APRIL 2009**  
**39th Annual Scientific and Business Meeting, 2 – 5 October 2009**  
 Australian Society of Cytology Inc ABN 76 001 239 606  
 PO Box 491 North Adelaide SA 5006

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Laboratory: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**A. REGISTRATION FEES (please circle)**

(All prices GST inclusive)	Member	Non Member
Early registration before 11/07/09	\$700	\$850
Full registration after 11/07/09	\$770	\$920
Day registration (please circle which day)		
Saturday		\$330
Sunday		\$330
Monday		\$300

Subtotal \$ \_\_\_\_\_

**Note:** 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.

Special Dietary Requirements YES/NO Please email details to [ascinc@ozemail.com.au](mailto:ascinc@ozemail.com.au)

Beach Party Cocktails?    Y    N    (please circle)  
 (casual beachwear dress)  
 Gala Dinner?                Y    N

Day Registrants or partner to attend the:

Beach Party Cocktails    \_\_\_\_\_ @ \$70.00/person                \$ \_\_\_\_\_

Gala Dinner                \_\_\_\_\_ @ \$130.00/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)                Expiry \_\_\_\_\_ / \_\_\_\_\_ Amount: \_\_\_\_\_

Card No:

Name on Card: \_\_\_\_\_

Signature on Card: \_\_\_\_\_

**A receipt will be sent to acknowledge your payment**

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