



Registration Form

Please complete this form using CAPITAL LETTERS, take a copy for your records and forward it to:-
12th Australasian Lymphology Association Conference, ICMS Australasia, PO Box 3270, Sydney NSW 2001
Tel: +61 2 9254 5000 Fax: (+61 2) 9251 3552 Email: registration@ala-conference.com.au

Personal Details

Family Name _____ First Name _____

E-Mail _____ (All correspondence will be sent to this email address)

Postal Address _____

City _____ Country _____ State _____

Telephone (_____) _____

Morning tea and lunch are provided with your registration. Please indicate below if you have dietary requirements.

Vegetarian Vegan Gluten free Lactose free Kosher Halal

Other medical dietary requirements _____

Special requirements, please provide information about your specific needs (e.g. wheelchair access) _____

Registration Fees

All fees are quoted in Australian Dollars and are inclusive of Goods and Services Tax (GST).

Standard Registration: \$75

Concession (Pension and/or Health Care Card Holders)/ Member \$65

Summary of Payment

Registration Fees: \$ _____

Total Payment: \$ _____

Please select method of payment - All payments must be made in Australian dollars.

Cheque – made payable to “ALA Conference 2018”. Payment must be made in Australian dollars, payable at an Australian bank and free of all charges.

OR

Bank Transfer – Bank Transfer – Please include your full name in the details section of the transfer:

Account name: 12th Australasian Lymphology Association Conference 2018

Bank: Australia and New Zealand Banking Group Limited (ANZ)

BSB: 012-110

Account Number: 2286-36638

SWIFT Code: ANZBAU3M

Branch: 37 Pitt Street, Sydney NSW 2000

OR

Credit Card – Please complete the following details:

Visa Mastercard American Express

Credit Card Number

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CCV □□□ Expiry Date ___/___

Card Holder's Name _____

Signature _____

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

Terms and Conditions of Registration

Registration Cancellation Policy Deadline: Wednesday 11 April 2018

Cancellations must be made in writing to the Conference Secretariat. Cancellations received prior to 11 April 2018 will receive a full refund minus a 50% administration fee. Cancellations received after 11 April 2018 will not be refunded.

I herewith confirm by my signature below that I have read and am fully aware of and accept the cancellation/ payment conditions and the liability/insurance conditions stipulated in the NB: Please keep a copy of this form for your records

Name - please print clearly _____ Signature _____ Date ___/___/___