



MACQUARIE UNIVERSITY NORTH RYDE
NSW 2109, AUSTRALIA
ABN 90 952 801 237

4th International Workshop on Laser Cleaning, IWLC4
14th – 17th Dec 2004
Division of Information & Communication Sciences
Department of Physics

REGISTRATION FORM / TAX INVOICE

This document is a **TAX INVOICE** upon completion of the form and when payment is made.
Please retain a copy for taxation purpose when making full payment for the GST inclusive amount.
Please sign & date below *. Individual form must be completed for each attendee.

PERSONAL DETAILS

Title: _____ First Name: _____ Last Name: _____
Organisation: _____
Position: _____
Postal Address: _____

Telephone: _____ Email address: _____
Special Dietary Requirements (eg. Vegetarian) _____

NB: All prices below are inclusive of GST

CONFERENCE REGISTRATION FEES *(Please tick your registration type)*

Full#	AU\$550 <input type="checkbox"/>	Single Day (book of abstracts and attendance at workshop only) Tuesday (Tutorial)	AU\$170 <input type="checkbox"/>
Student# (proof of enrolment required)	AU\$300 <input type="checkbox"/>	Wednesday	AU\$170 <input type="checkbox"/>
#Includes book of abstracts, conference dinner for 1 & post workshop book posted		Thursday	AU\$170 <input type="checkbox"/>
Conference Dinner/ Sydney Harbour Cruise for accompanying persons	<input type="checkbox"/>	Friday (half day)	AU\$100 <input type="checkbox"/>
AU\$110 per person (write number required)		Extra Copy(ies) of post workshop Book (posted, registrants only, write number required)	AU\$90 each <input type="checkbox"/>

TOTAL AMOUNT: AU\$_____ (Total Includes GST)

***Registrant's Signature: _____ Date: _____**

Payment Methods:			
1. Credit Cards: VISA / MasterCard / Bankcard (Please Circle)			
Credit card number:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card holder's name _____ <i>(Please Print)</i>			
Signature _____		Expiry Date _____	
2. Cheques in AU\$: Please make payable to Macquarie University, ABN 90 952 801 237			

Note :Individual forms must be completed by each attendee

Please complete the registration form and return together with payment to:

IWLC4
Ms Sallie Cortis
Department of Physics
Macquarie University
NSW 2109
Australia

Or Reply by Fax:
Attention: Ms Sallie Cortis
Department of Physics
International FAX No: 612 9850 6598
FAX No: 02 9850 6598