

**REGISTRATION FORM****MOLECULAR PHARMACOLOGY  
OF G PROTEIN-COUPLED RECEPTORS 2007**

July 18th &amp; 19th, 2007

*Please complete the form using block letters (or type) and black ink***Delegate details:**

Title: \_\_\_\_\_

Given name: \_\_\_\_\_

Family name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

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

\_\_\_\_\_

Country

Postcode

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email: \_\_\_\_\_

Do you intend to present a poster at the meeting? YES  NO Do you wish to be considered for a poster prize? Student  Post-doc Do you wish to be considered for the **student oral** prize? **Student Prize:** *Must be enrolled at time of abstract submission***Post-doc prize:** *Less than 5 years since completion of PhD at time of abstract submission***Supervisors signature:***I confirm the eligibility of this applicant:* \_\_\_\_\_**Registration type:**

	<b>Fee</b>	<b>GST</b>	<b>Total</b>	
Full:	\$150	\$15	\$165	<input type="checkbox"/>
Student (attending only):	\$80	\$8	\$88	<input type="checkbox"/>
Student (presenting):	\$0		\$0	<input type="checkbox"/>
Speaker:	\$0		\$0	<input type="checkbox"/>

Supervisors signature: \_\_\_\_\_

I will be attending the Dinner (included in registration) YES  NO 

7pm, 18 July 2007

Melbourne Aquarium

Cnr. Queenswharf Road &amp; Kingsway, Melbourne, 3000

<b>Conference Dinner</b> (accompanying persons)	\$100	<input type="checkbox"/>
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Accompanying person's name \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

## Payment Details:

**Full payment must accompany your registration.**

Cheque payable to "MONASH UNIVERSITY" enclosed

Credit card:  American Express  Mastercard  VISA

Card number: \_\_\_\_\_

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

Expiry date: \_\_\_\_\_ \ \_\_\_\_\_ AMOUNT AUD\$

CCV Number (on the back of your card) : \_\_\_\_\_

(Amex 4 digits, Mastercard/Bankcard/Visa 3 digits)

Signature: \_\_\_\_\_

### Please complete and mail to:

Conference Secretariat  
Events Management Office  
Building 65  
Monash University  
Clayton VIC 3800  
AUSTRALIA

Tel: + 61 3 9905 1344

Fax: + 61 3 9905 1343

Email: Irene.Thavarajah@adm.monash.edu.au

### **CANCELLATION POLICY**

**Refunds for Conference are applicable as follows:**

**Prior 9 July 2007** Full refund minus \$20.00 Administration Fees

The Conference Secretariat must receive cancellation in writing by the dates specified