

Tax Invoice Registration Form

International Conference: Evidence-based Complementary Medicine 13 - 15 March 2009

REGISTRATION COSTS

Full registration \$450.00
Day registration \$200.00 Nominate day

Student \$150.00
Student Day Registration \$120.00 Nominate day

EARLYBIRD REGISTRATION - on/before 13/2/09 (extended date)

Full registration \$350.00
Day registration \$150.00 Nominate day

Student \$120.00
Student Day Registration \$ 80.00 Nominate day

Conference Dinner \$ 75.00 per person No. of people

Name(s): _____

Affiliation: _____

Address: _____

Email address: _____ Phone no: _____

Do you have any special needs? Please specify: _____

Yes, please include my contact details in the book of abstracts

Payment by credit card, cheque or money order:

Make cheque or money order payable to *UNE (Evidence-based Complementary Medicine Conference PL 2390 5049 6841 00)*

COMPLETE THIS SECTION IF PAYING BY CREDIT CARD

Only the following card types are accepted: MasterCard Visa

Card Number:/...../...../.....

Amount to be charged (includes GST): \$

Name of cardholder (please print):

Expiry date:

Signature of cardholder:

Mail, fax or email the completed tax invoice registration form & payment to:

Email: finance@une.edu.au

Or: FAX 02 6773 3377

Or post to: Cashier

Financial Services
Ground Floor, TC Lamble Building
University of New England
ARMIDALE NSW 2351
ABN: 757 924 543 15