

Registration Form

Title, Family Name _____
Given Name(s) _____
Organization _____
Department _____
Address _____
Postal Address (if different) _____
Telephone _____
Facsimile _____
Mobile Phone _____
Email _____

The above details minus your mobile phone number will appear on the delegate list provided to delegates unless you indicate otherwise below.

I do not want my details to be included in the delegate list for delegates

Students

Please provide the e-mail address of your Head of Department for verification of your student status

Conference Dinner

Dietary Requirements _____
Cost per guest is \$ 100 _____
Guest's name _____
Guest Dietary Requirements _____

Bank Transfer Payment

Payments can be made by direct deposit to the following bank account (for credit card payment, please download Credit Card Payment Form from the APCPST web site)

Bank: NATIONAL AUSTRALIA BANK

Branch: CANBERRA CITY, LONDON CIRCUIT & AINSLIE AVE

CIVIC SQUARE, AUSTRALIAN CAPITAL TERRITORY (ACT), AUSTRALIA . 2601

BSB: 082-902

Account Number: 674507553

Account Name: THE AUSTRALIAN NATIONAL UNIVERSITY GENERAL ACCOUNT

Swift code: NATAAU3302S

Reference: Q430800102 and YOUR NAME

Please after the payment has been done by direct deposit, fill the form below and send it to Albert Meige at Space Plasma Power and Propulsion (SP3) by fax (+61 2 6125 8316) or by e-mail to albert.meige@anu.edu.au.

A receipt of payment will be sent to you as soon as we have received your registration form and payment.

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| Registration Fees | Before 31 March 06 | | After 31 March 06 | |
|--------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| Full | \$ 610 | <input type="checkbox"/> | \$ 715 | <input type="checkbox"/> |
| Student | \$ 275 | <input type="checkbox"/> | \$ 385 | <input type="checkbox"/> |
| Daily full | \$ 165 | <input type="checkbox"/> | \$ 165 | <input type="checkbox"/> |
| Daily student | \$ 85 | <input type="checkbox"/> | \$ 85 | <input type="checkbox"/> |

Name of sender _____

Amount in Australian Dollars _____

Date of payment _____

Payment reference number _____

Signature _____

Date _____

Submission of this form constitutes acceptance of the following cancellation/refund policy. A refund of registration fees, less an administration charge of \$ 20 (including GST) will only be available if you provide written notification of your cancellation by June 2, 2006. Refunds beyond this point may not be possible. Substitutions may be made at any time by notifying the APCPST contacts.