

Registration Form

www.fsa.au.com

The Fertility Society of Australia 2006 Conference

Tax Invoice

22–25 October 2006

Sheraton on the Park
Sydney, Australia

FSA ABN: 27 006 214 115

Please type or print in BLOCK LETTERS in black. Please complete all sections

Section A: Delegate

Title: [] Prof [] Assoc Prof [] Dr [] Mr [] Ms [] Mrs

Family name: _____

Given name: _____

Organisation: _____

Position: _____

Postal address: _____

Suburb: _____

State: _____

Postcode: _____

Telephone: [] _____

Mobile: _____

Facsimile: [] _____

Email: _____

Name for badge: _____

Please indicate your preferred method of communication: [] Email [] Post

Special dietary requirements: [] Vegetarian [] Other please specify:

Accompanying Person

Title: [] Prof [] Dr [] Mr [] Ms [] Mrs [] Miss

Family name: _____

Given name: _____

Name for badge: _____

Special dietary requirements: [] Vegetarian [] Other please specify:



There are two methods of registration available:

- 1 Internet Registration, simply visit www.fsa.au.com and follow the links to the conference home page. Please note that all internet registrations must be paid for by credit card.
- 2 Complete the registration form and forward it to the address below. Please note that bookings without payment will not be processed.

FSA Conference 2006
Waldron Smith Management
61 Danks Street West
Port Melbourne VIC 3207
AUSTRALIA

or for credit card payments only,
fax to: + 61 3 9645 6322

Please note: to register for Serono Symposia International's satellite symposium on **Implantation – The Hidden Frontier**, Sunday 22 October 2006 please contact Serono Symposia International directly by phone +61 2 8977 4163 or email oceania@seronosymposia.org



Section B: Registration Fees

Registration type	Cost per person prior to 22 September 2006	Cost per person on or after 22 September 2006	Payment
Full Registration Fee (Member)	\$715.00	\$790.00	\$
Full Registration Fee (Non Member)	\$995.00	\$1095.00	\$
Day Registration*	\$550.00	\$550.00	\$
Accompanying Persons Registration	\$200.00	\$200.00	\$
Additional Exhibitor	\$715.00	\$715.00	\$
Total Payment Section B			\$

* Attendance at sessions and catering on the day of registration only

If you have selected day registration, please indicate below which day you will be attending:

[] Monday 23 October 2006 [] Tuesday 24 October 2006 [] Wednesday 25 October 2006

Section C: Inclusive Social Functions

Tickets will not be automatically issued for inclusive social functions in your registration. Please tick the functions you intend to attend as part of your registration.

Date	Function	Delegate	Registered Accompanying Person
Sunday 22 October 2006	Welcome Reception	[<input type="checkbox"/>]	[<input type="checkbox"/>]
Tuesday 24 October 2006	Conference Dinner	[<input type="checkbox"/>]	[<input type="checkbox"/>]

Section D: Additional Social Function Tickets

Date	Function	Cost	Number of Tickets	Payment
Sunday 22 October 2006	Welcome Reception	\$80	[<input type="checkbox"/>]	\$
Tuesday 24 October 2006	Conference Dinner	\$120	[<input type="checkbox"/>]	\$
Total Payment Section D				\$

Section E: Additional Meetings

Date	Function	Cost per person	Number of Tickets	Payment
Saturday 21 October 2006	FNA	\$85	[]	\$
Saturday 21 October 2006	FNA Non-member	\$90	[]	\$
Saturday 21 October 2006	SIRT	\$85	[]	\$
Saturday 21 October 2006	ANZICA	\$110	[]	\$
Total Payment Section E				\$

Section F: Accommodation

Please remember to indicate first, second and third (1, 2 and 3) preferences in the appropriate box and forward the deposit for your first preference.

I would like to share with, or will be accompanied by:

Please tick type of room:

- [] Single [] Smoking
- [] Double [] Non Smoking
- [] Twin
- [] Other

Arrival date: / /

Departure date: / /

Hotel	Room Type	Preference	Rate per night	Deposit required
Sheraton on the Park	Cityside Room	[]	\$320.00	\$
Avillion Hotel	Deluxe	[]	\$215.00	\$
The Sydney Boulevard	Superior	[]	\$150.00	\$
Oaks Hyde Park Plaza	1 Bedroom	[]	\$185.00	\$
Oaks Hyde Park Plaza	2 Bedroom	[]	\$265.00	\$
Castlereagh	Single Occupancy	[]	\$140.00	\$
Castlereagh	Double Occupancy	[]	\$170.00	\$
Travelodge Phillip Street	Standard Room	[]	\$155.00	\$
Travelodge Wentworth	Standard Room	[]	\$145.00	\$

All accommodation prices quoted are in Australian dollars and are inclusive of GST.

Section G: Payment of Fees

All cheques to be made payable to: **Fertility Society of Australia.**

International Delegates are required to pay by international bank cheque in Australian dollars only, which must be drawn on any major Australian Bank. MasterCard, Bankcard, VisaCard, American Express and Diners are also accepted.

Total Payment Section B	\$
Total Payment Section D	\$
Total Payment Section E	\$
Total Payment Section F	\$
Total Payment Due	\$

Credit Card Payment

Please tick: MasterCard Bankcard VisaCard American Express Diners

Cardholder's name (please print): _____

Card number: Expiry date: _____ / _____

Signature: _____ Date: _____ / _____ / _____