

ANZFSS 2010 Symposium

5 - 9 September 2010
Sydney Convention and Exhibition Centre
SYDNEY, AUSTRALIA

Please complete the form and mail immediately with your cheque/payment details payable to:

ANZFSS 2010 Symposium Managers

arinex pty limited
GPO Box 128
SYDNEY NSW 2001 AUSTRALIA

Tel: (61) 2 9265 0700

Fax: (61) 2 9267 5443

Email: anzfss2010@arinex.com.au

Website: www.anzfss2010.com



Please print clearly or type and keep a photocopy of this form for your records or register online at www.anzfss2010.com. The information submitted will be reproduced in the delegate list at the Symposium and be used for all mailings. Please ensure the information you complete is correct.

Online Registration is strongly encouraged: www.anzfss2010.com

A. DELEGATE REGISTRATION

Delegate		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Other (please tick)	
Family Name		
Given Name		
Organisation / Association		
Position		
Street Address		
City/Suburb		
State		
Country	Postcode/Zip	
Telephone	Mobile Phone	
Email Address		
Preferred Name On Name Badge		

B. REGISTRATION FEES

NOTE: All fees include the 10% Goods and Services Tax (GST).

Category	Early Rate: Before 2 June 2010	Standard Rate: On or before 2 September 2010	Onsite Rate: From 3 September 2010
Member	\$1050.00	\$1250.00	\$1450.00
Non member	\$1150.00	\$1350.00	\$1550.00
Student Registration	\$750.00	\$850.00	\$950.00
Day Registration	\$550.00	\$650.00	\$750.00
Student Day Registration	\$450.00	\$550.00	\$650.00

If you are registering for a day, please tick which day you will be attending:

Monday Tuesday Wednesday Thursday

Please note: Confirmation of your registration will be sent to you within 10 working days from receipt of your registration form.

If student registration:

I have included copy of my student identification card

B. Sub-Total Registration Fee: A\$

C. ACCOMMODATION

- + A minimum one night's deposit must be paid or credit card details given at time of booking to guarantee reservation.
- + Deposit is non-refundable at 2 August 2010.
- + Bookings made on or after 2 August 2010 must be secured with credit card details.
- + Cancellations must be notified in writing to the Symposium Managers.

Hotel and Deposit Requirements

Please check the Symposium website www.anzfss2010.com for the most current rates

Hotel	Room Type	Room only rate per room per night Incl. GST	Bed and Breakfast Rate SGL Incl. GST	Bed and Breakfast Rate DBL/TWN Incl. GST	Number of Nights Required	Deposit Amount
Crowne Plaza Darling Harbour	City View Room SGL/DBL/TWN	\$225.00	\$250.00	\$275.00		
	Harbour View Room SGL/DBL/TWN	\$260.00	\$285.00	\$310.00		
Hotel Ibis Darling Harbour	Pyrmont View Room SGL/DBL/TWN	\$159.00	\$174.00	\$189.00		
	Harbour View Room SGL/DBL/TWN	\$189.00	\$204.00	\$219.00		
Metro Hotel Sydney Central	Superior Room SGL Incl. 1 daily Light Rail pass	\$150.00	\$165.00	n/a		
	Superior Room DBL Incl. 2 daily Light Rail passes	\$155.00	n/a	\$185.00		
	Triple Room TRP Incl. 3 daily Light Rail passes	\$195.00	n/a	\$240.00		
Oaks Goldsbrough Apartments Darling Harbour	Studio Room	\$183.00	n/a	n/a		
	One Bedroom Apartment	\$205.00	n/a	n/a		
	Two Bedroom Apartment	\$326.00	n/a	n/a		

Please indicate below whether you wish to pay for your entire stay:

- Yes, I wish to pay for my entire stay now
 No, I only wish to pay the one night's deposit now

Hotel Room Requirements

- Single Twin Double

Apartment Room Requirements

- Studio Room (1 double bed)
 Studio Room (2 single beds)
 One Bedroom Apartment (1 double bed)
 2 Bedroom Apartment (1 double and 2 single beds)

If your first preference of hotel, as indicated above, is not available, the Symposium Managers will secure your accommodation at another hotel. Please indicate your second preference:

Second preference

- I do not require the Symposium Managers to book accommodation for me. I have made my own arrangements. I will be staying: (name of hotel)
 With friends or family

Important - Please complete this section

Arrival/Check in Date

Estimated Time of Arrival

Departure/Check out Date

Estimated Time of Arrival

I wish to guarantee early check in by pre-booking and paying for the previous night on

I will be sharing this room with

Special Requirements e.g. smoking/ non smoking room (subject to availability)

C. Sub-Total Accommodation: A\$

D. SOCIAL PROGRAM

NOTE: All fees include the 10% Goods and Services Tax (GST).

The following events are included in the Registration Fee for Delegates. If you require additional tickets please complete this section:

Event	Cost per ticket	Number of additional tickets required	Total Cost
Welcome Reception	\$65.00		
XTEK Xtreme Night Out	\$90.00		
Symposium Dinner	\$160.00		

D. Sub-Total Additional / Optional

Social Tickets: A\$

E. OPTIONAL TOURS PROGRAM

NOTE: All fees include the 10% Goods and Services Tax (GST).

The following tours are optional and not included in the Registration Fee for Delegates and Accompanying Persons. If you require tickets for these tours please complete this section:

Name of Tour	Cost per ticket	Number of tickets required	Total Cost
Coffee Cruise on Sydney Harbour	\$49.00		
Introducing Sydney	\$65.00		
Blue Mountains	\$205.00		
Bridgeclimb	\$198.00		

E. Sub-Total Optional

Tours Tickets: A\$

F. POST TOURS

NOTE: All fees include the 10% Goods and Services Tax (GST).

The following tours are optional and not included in the Registration Fee for Delegates. If you require tickets for these tours please complete this section:

Name of Tour	Cost per person	Number of tickets required	Total Cost
Reef and Rainforest (Twin Share)	\$995.00		
Reef and Rainforest (Single occupancy)	\$1550.00		
Hunter Valley Experience (Twin Share)	\$564.00		
Hunter Valley Experience (Single Occupancy)	\$730.00		
Blue Mountains Eco Tour (Twin Share)	\$572.00		
Blue Mountains Eco Tour (Single Occupancy)	\$745.00		

E. Sub-Total Optional

Tours Tickets: A\$

I. SPECIAL NEEDS / DIETARY REQUIREMENTS

If you have any special needs please specify. Every attempt will be made to meet your requirements; however this may not be possible in every case.

- | | |
|-------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> Allergy to Nuts |
| <input type="checkbox"/> Lactose Intolerant | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> No Seafood | <input type="checkbox"/> Vegan |
| <input type="checkbox"/> Halal | <input type="checkbox"/> Kosher |
| <input type="checkbox"/> Other (please specify) | <input type="text"/> |

J. MARKETING INFORMATION

1. Where did you hear about the ANZFSS 2010 Symposium?

- Industry Colleagues
- Electronic mailing
- Promotion at another Conference/Symposium
- Attended 19th Symposium on the Forensic Sciences
- Sponsor/Exhibitor
- Other (please specify)

2. What is your main reason for attending the ANZFSS 2010 Symposium?

(Please tick one only)

- Scientific Program
- Be updated on current industry news
- Specific speaker
- Networking
- Social events
- Trade Exhibition: meet new suppliers/ investigate new products/services
- Other (please specify)

3. Will you be attending the Biotechnology Symposium?

Visit www.anzfss2010.com for more information

- Yes
- No

K. PRIVACY

Yes - I consent to my name and address being passed on to another organisation involved in organising a similar event or distributing material related to the subject matter of the Symposium.

- No, I do not consent

Yes - please include my details as given in this form (and any subsequent amendment) in the Delegate List produced for the Symposium which will be supplied to organising bodies, sponsors, exhibitors and all delegates attending the Symposium.

- No, please do not include my details in the Delegate List.

L. PAYMENT AND CONDITIONS

NOTE: Registrations will not be processed or confirmed until payment in full is received.

- I have read and agreed to all the terms and conditions outlined in this registration brochure and on the Symposium website: www.anzfss2010.com

- Please find enclosed cheque/money order payable to ANZFSS 2010 Symposium Managers. Cheques will only be accepted until 26 July 2010.

OR

Please charge the total amount above to the following credit card:

- Mastercard
- Visa Card
- American Express
- Diners Club

Please note all transactions by credit card will appear on your statement as payment to: Conference by **arinex** pty ltd

Credit card number:

Expiry Date: Name on card:

Billing Address:

Signature:

Date:

NOTE: Your registration will not be processed or confirmed if payment is not forwarded with this form.

Section B	Registration Fee	A\$	<input type="text"/>
Section C	Accommodation	A\$	<input type="text"/>
Section D	Social Program	A\$	<input type="text"/>
Section E	Optional Tours Program	A\$	<input type="text"/>
Section F	Post Tours	A\$	<input type="text"/>

TOTAL FEES ENCLOSED: A\$