

## **Participant Payment Form**

Registration is only complete on receipt of full payment.

Early Registration Fee (by 15th July			
Full Registration Fee (after 15th Jul			
Student Registration Fee:	\$100		
Extra Dinner Guest (per guest):	\$100		
First name	Last name		
Institution			
Contact phone	Fax		
Email address			
Postal address			]
Payment details			
Amount to be paid \$	☐ Registration fee ☐ Addi	itional dinner guest	
Credit Card Type	☐ MasterCard ☐ Dine	rs	
Card Number	Expiry Da	ate	
	=Ap., 7		
Name on card			
Signature			
_			
FAX or email completed form to:		Office Use Only	
Amanda Gray CSIRO Astronomy and Space Science	Cost code		1-017
PO Box 76, Epping NSW 1710			
Amanda.Gray@csiro.au	Date rece	eived:	
Phone: +61 2 9372 4642 Fax: +61 2 9372 4310	Registrat	ion no:	
MA. 01 2 9 3 / 2 13 10	1 109.00.00		

## Please consider this form a tax invoice once you have paid. ABN: 4167 871 19230

All other Enquiries to: <a href="mailto:ivy.wong@csiro.au">ivy.wong@csiro.au</a>

Cancellation policy: Any cancellation must be in writing/fax to the above address. Cancellation one week or more prior to workshop incurs a \$25 cancellation fee. Thereafter, no refunds can be given. Registration can be transferred to another participant from the same school without cost or penalty