



# 22<sup>nd</sup> International Congress of Lymphology

21-25 September 2009 • Sydney Australia  
onsite registration form

REGISTRATION FORM/TAX INVOICE • ABN: 47 067 147 411  
*Note: All fees are quoted in Australian Dollars (AUD) inclusive of 10% GST*

## section 1 delegate details PLEASE USE BLOCK LETTERS

Surname \_\_\_\_\_ Title (Prof/Assoc Prof/Dr/Mr/Mrs/Ms/Miss) \_\_\_\_\_  
Given Name \_\_\_\_\_  
Organisation/Institution \_\_\_\_\_  
Department \_\_\_\_\_  
Position \_\_\_\_\_  
Address \_\_\_\_\_  
City/Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Facsimile (\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

## section 2 congress proceedings on CD Rom

I would like to order the 22ISL Congress Proceedings on CD Rom.

Cost	Quantity	Total
AUD 120	_____	AUD _____

Please note: The CD Rom will be mailed to you in early 2010.

## section 3 summary of payments

Section 6 Congress Proceedings AUD \_\_\_\_\_  
**TOTAL PAYMENT ENCLOSED AUD** \_\_\_\_\_

### Payment

All prices are quoted in Australian Dollars (AUD) and inclusive of 10% GST. Payment must accompany your registration form.

**Credit card** – charges as per this form are to be debited to:  
 Visa  MasterCard  American Express  Diners Club

Cardholder's name \_\_\_\_\_

Credit card number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Cardholder's signature \_\_\_\_\_

*Please note that debits to your credit card will appear as ICMS Australasia on your credit card statement.*