



22nd International Congress of Lymphology

21-25 September 2009 • Sydney Australia

registration form

REGISTRATION FORM /TAX INVOICE • ABN: 47 067 147 411

Register online at www.lymphology2009.com or return form to:

22ISL Congress Secretariat: ICMS Australasia Pty Ltd, GPO Box 3270, Sydney NSW 2001, AUSTRALIA
 Telephone: +61 (0) 2 9254 5000 • Email: info@lymphology2009.com • Facsimile: +61 (0) 2 9251 3552

Please complete one form for each registrant. Print clearly and retain a copy for your own records.

Note: All fees are quoted in Australian Dollars (AUD) inclusive of 10% GST

section I delegate details PLEASE USE BLOCK LETTERS

Surname _____ Title (Prof/Assoc Prof/Dr/Mr/Mrs/Ms/Miss) _____

Given Name _____

Preferred name for name badge _____

Organisation/Institution _____

Department _____

Position _____

Address _____

City/Suburb _____ State _____ Postcode _____ Country _____

Telephone*(_____) _____ Facsimile *(_____) _____

* Country + Area/City Codes required

Mobile _____

Email _____

Special requirements (Wheelchair access or other requirements): _____

Do you have any Dietary Requirements? Delegate: Yes No

Vegetarian Vegan Diabetic Allergy Other _____

Partner/Guest Details

Surname _____ Title (Prof/Assoc Prof/Dr/Mr/Mrs/Ms/Miss) _____

Given Name _____

Preferred name for name badge _____

Telephone*(_____) _____ * Country + Area/City Codes required

Mobile _____

Email _____

Do you have any Dietary Requirements? Partner/Guest: Yes No

Vegetarian Vegan Diabetic Allergy Other _____

section 2 registration fees All fees are quoted in Australian dollars (AUD) inclusive of 10% GST.

	Early Bird Rate Before 18 May 2009	Standard Rate 19 May – 21 September 2009	Registration Fees Sub Total
Full Delegate:			
ISL Full Financial Member*	AUD 1,095	AUD 1,295	_____
ALA Full or Associate member*	AUD 1,175	AUD 1,275	_____
Non Member	AUD 1,250	AUD 1,350	_____
Student**	AUD 525	AUD 625	_____
Day Registration	AUD 395	AUD 395	_____
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Friday			
<input type="checkbox"/> Thursday***	AUD 275	AUD 275	_____
Accompanying Person	AUD 350	AUD 350	_____
Patient Education and Information Evening	AUD 20 - Adults	AUD 15 - Seniors	_____

*Member rates only applicable if you are a full financial member of International Society of Lymphology or a full or associate financial member of the Australasian Lymphoedema Association

Please quote your Member Number and/or provide a copy of your 2009 membership card _____

** Evidence of current enrolment, full or part time (>40% of FTE) must be attached to the application.

*** Thursday day Registration includes access to the Public Information Evening on Wednesday evening and excludes dinner.

section 3 social functions

Please indicate your attendance at all inclusive functions. Entry is limited to ticket holders only.

	Cost per person	No of Tickets	Sub Total
Monday 21 September 2009			
<i>Welcome Reception</i>			
<input type="checkbox"/> Delegate	Inclusive		Inclusive
<input type="checkbox"/> Accompanying person	Inclusive		Inclusive
Additional Ticket	AUD75	_____	AUD_____
Tuesday 22 September 2009			
<i>Sydney Harbour Cruise</i>			
<input type="checkbox"/> Delegate	Inclusive		Inclusive
<input type="checkbox"/> Accompanying person	Inclusive		Inclusive
Additional Ticket	AUD60	_____	AUD_____
Thursday 24 September 2009			
<i>Congress Dinner</i>			
<input type="checkbox"/> Delegate	Inclusive		Inclusive
<input type="checkbox"/> Accompanying person	Inclusive		Inclusive
Additional Ticket	AUD120	_____	AUD_____

SOCIAL FUNCTIONS SUB TOTAL AUD _____

section 4 congress polo shirts

Available in men's sizes Small–2XLarge and women's sizes 8-18

Cost	Size	Quantity	Total
AUD 30	<input type="checkbox"/> Male _____	_____	AUD _____
AUD 30	<input type="checkbox"/> Female _____	_____	AUD _____

section 5 day tours

Tours will operate daily from Monday 21 – Friday 25 September 2009.

	Cost	No of Tickets	Date	Sub Total
Bridge Climb	AUD 210/220*	_____	_____	_____
ZooRise	AUD 110	_____	_____	_____
Sydney Opera House	AUD 165	_____	_____	_____
Sydney Jetcruiser	AUD 50	_____	_____	_____
Harley Davidson	AUD 190	_____	_____	_____
Blue Mountains	AUD 160	_____	_____	_____
Coffee Cruise	AUD 50	_____	_____	_____
Sea Plane to Doyles	AUD 340	_____	_____	_____

*Bridge Climb – Sat/Sun AUD 220

DAY TOURS SUB TOTAL AUD _____

section 6 pre & post satellite meetings

	Pre Congress Satellite Cairns 19 September	Post Congress Satellite Ayers Rock 26-27 September	Sub Total
Full Delegate	AUD 995	AUD 1,400	_____
Accompanying Person	AUD 250	AUD 380	_____

section 7 flight details pre & post satellite meetings

Please complete the flight details below for a quote.

A service fee is applicable to all bookings * AUD 55 for Domestic travel * AUD 100 for International travel.

Departure City _____ Return City _____

Departure Date _____ Return Date _____

Class of Travel Economy Business First

Preferred Airline _____ Frequent Flyer Number _____

Number of passengers _____

PASSPORT DETAILS – (only required for International travel)

Country of Passport _____ Passport Number _____

Passport Expiry Date _____ Date of Birth _____

section 8 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 9 accommodation

A range of accommodation has been reserved for delegates and their guests at highly competitive rates. Rates quoted are per room per night and inclusive of 10% GST. A tax invoice will be provided by the hotel on departure.

Accommodation bookings are subject to availability. Payment of the first night's tariff must be received with your registration to secure your accommodation booking. If a deposit is not received, your booking will not be processed and your room released back to the hotel. Please see the registration brochure for further details on accommodation booking conditions.

Please number hotels and apartments in order of preference from 1-3.

	<i>Room Cost per person per night inclusive of GST</i>	<i>Preference</i>
IBIS DARLING HARBOUR		
Pymont View Room Only	AUD 169	_____
Harbour View Room Only	AUD 199	_____
NOVOTEL DARLING HARBOUR		
Pymont View Room Only	AUD 229	_____
Harbour View Room Only	AUD 259	_____
GRAND MERCURE		
2 bedroom Pymont View Room Only	AUD 349	_____
2 bedroom Harbour View Room Only	AUD 549	_____
OAKS GOLDSBROUGH APARTMENTS		
Studio Apartment	AUD 204	_____
1 bedroom Apartment	AUD 228	_____
2 bedroom Apartment	AUD 339	_____

To assist us with your booking please complete the following details:

Check In Date _____ What time will you be arriving _____

Check Out Date _____ Total Number of Room Nights _____ Number of Occupants _____

Name of person/s if sharing _____

Please select room Single Double Twin

Do you require Smoking Non Smoking

As I will be checking in prior to 3.00pm, I wish to pre register my room from the previous night indicated above (an additional night's tariff applies)

I will be arriving after 6.00pm.

ACCOMMODATION DEPOSIT SUB TOTAL AUD _____

Other accommodation arrangements

If you have not booked accommodation through the Congress Secretariat, could you please provide us with your accommodation details below:

Hotel
Hotel name: _____

Check In: ___/___/___ Check Out: ___/___/___

Day registration only

I'm staying with family and friends

I live locally

section 10 summary of payments

Section 2	Registration Fees	AUD _____
Section 3	Social Functions	AUD _____
Section 4	Congress T-Shirts	AUD _____
Section 5	Day Tours	AUD _____
Section 6	Pre and Post Congress Satellite Meetings	AUD _____
Section 7	Flights	AUD _____
Section 8	Congress Proceedings	AUD _____
Section 9	Accommodation	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. Congress registration cannot be confirmed until payment is received.

Credit card - charges as per this form are to be debited to:

Visa MasterCard American Express Diners Club

Cardholder's name _____

Credit card number

Cardholder's signature _____ Expiry date ____/____

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

OR

Cheque/international bank drafts. Payable to **22nd International Congress of Lymphology.**

Payment must be made in Australian dollars payable on an Australian bank and free of all charges.

I have transferred the above sum to the following account:

Account name: 22nd International Congress of Lymphology

Bank: National Australia Bank

Branch: 255 George Street Sydney NSW 2000

Branch Name: National Australia Bank House Branch

BSB: 082-057

Account number: 75 390 8435

SWIFT Code: NATAAU3303M

please send form and payment to:

22ISL Congress Secretariat

GPO Box 3270

SYDNEY NSW 2001

AUSTRALIA

Telephone: +61 (0) 2 9254 5000

Facsimile: +61 (0) 2 9251 3552

Email: info@lymphology2009.com

Online Registration www.lymphology2009.com

PRIVACY

In registering for the **22nd International Congress of Lymphology** relevant details will be incorporated into a **Delegate List** for the benefit of all delegates, and also may be made available to parties directly related to the Conference including venues, sponsors and key suppliers.

Yes, I consent to the collection, use and disclosure of information (excluding credit card details) provided in this registration form in accordance with and for the purpose outlined above.

No, I DO NOT consent to the collection, use and disclosure of information (excluding credit card details) provided in this registration form in accordance with and for the purpose outlined above.

Signature: _____ Date: _____