

Delegate Registration Form & Interim Tax Invoice

IMPORTANT: 1. Please complete each section

2. A separate form must be used for each delegate
3. Where appears, indicate preference with an X
4. A signature must appear on this form

5. Return this form to: *or register online at* www.genemappersconference.comGene Mappers Conference
PO Box 177, RED HILL QLD 4059, AUSTRALIA
or: FAX: + 61 7 3369 3731 with credit card details1. DELEGATE DETAILS - *please complete all details*Delegate name: _____
Mr/Ms/Dr etc First name Surname

Organisation: _____

Position: _____

POSTAL Address _____

City/region State/Province Post/Zip Code Country

Telephone: (_____) _____ Facsimile: (_____) _____

E-mail address: _____

 Please indicate here if you do not wish to receive information from Gene Mappers Conference partners and supporters.2. CONFERENCE REGISTRATION - *all Registration fees shown are payable in Australian Dollars (AUD) & include GST*

| Registration Type | Standard <i>Registered and paid prior to August 3 2007</i> | Late <i>Registered and paid after August 3 2007</i> |
|-------------------|---|--|
| Delegate | \$550 | \$650 |
| Student | \$350 | \$350 |

| | |
|--|---|
| Function Tickets: Welcome Reception Wednesday 29th August (Please note 1 (one) ticket is included with registration) <input type="checkbox"/> Yes, I will attend <input type="checkbox"/> No, I will not be attending <input type="checkbox"/> I require _____ guest tickets @ \$60.00 each Conference Dinner Thursday 30th August (Please note 1 (one) ticket is included with registration) <input type="checkbox"/> Yes, I will attend <input type="checkbox"/> No, I will not be attending <input type="checkbox"/> I require _____ guest tickets @ \$110.00 each | \$60.00 \$110.00 |
| Workshop: Monday 27th to Wednesday August 29th August 2007 <input type="checkbox"/> Introduction to Linkage and Association Analysis of Disease and Quantitative Traits <i>Please refer to the conference website www.genemappersconference.com for further details on this workshop.</i> | Sold Out |

3. Special Requirements

Please advise any special requirements (dietary or access needs, non-smoking room etc) so that appropriate arrangements can be made:

4. ACCOMMODATION RESERVATION REQUEST *A Deposit of \$200 (or credit card guarantee) is required with reservation request.*

| Hotel | Room Types | Tariffs |
|--|---|----------|
| <input type="checkbox"/> Royal on the Park | <input type="checkbox"/> Double <input type="checkbox"/> Twin (Rooms available upon request only and cannot be guaranteed) | \$170.00 |
| <input type="checkbox"/> Hotel George Williams | <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Twin | \$145.00 |

If Twin Sharing please indicate sharing person
(this also needs to be done on sharing persons registration form): _____

THE DATES YOU REQUIRE: Arrival (check-in) date: _____ Aug. 2007; Departure (check-out) date: _____ Aug. 2007

RESERVATION DEPOSIT - a deposit of \$200 or credit card details must accompany this reservation request.

Deposit of \$200 included in attached payment, OR

Please guarantee my arrival on the following credit card. *Note: Credit card details will be passed on to hotel - this deposit will not be charged to your credit card by Gene Mappers 2007. Even if you are paying your registration fees by credit card, you must complete your credit card details in this section if providing a credit card guarantee for your accommodation.*

Card Type: American Express Diners Club MasterCard Visa

Name on Card: _____

Card Number: _____ Expiry date: _____/_____/_____

Cardholders Signature: _____

5. Payment - full payment must accompany this form.

PAYMENT REQUIRED:

Delegate registration fees \$ _____

Function tickets \$ _____

Workshop \$ _____

Accommodation deposit \$ _____ (only insert amount here if paying hotel deposit by cheque or cash)

TOTAL: \$ _____

PAYMENT METHOD:

Cheque/money order (*Payable to Gene Mappers 2007 Conference*) attached, OR Please charge my credit card:

Card Type: American Express Diners Club MasterCard Visa

Name on Card: _____

Card Number: _____ Expiry date: _____/_____/_____

Cardholders Signature: _____

6. Signature - this form must be signed below.

Cancellations

All cancellations must be notified to the Secretariat in writing (surface mail, e-mail or facsimile transmission). Where notice of cancellation is received by the Secretariat on or before 3 August 2007, registration fees will be refunded less an administration charge of \$160. No refunds are available for any cancellations notified after 3 August 2007 however you may nominate a replacement delegate without charge up to 11 August 2007; after 11 August 2007 a fee of \$65 shall apply to transfer a registration to another delegate. Tickets purchased for social events are non refundable. Refund of accommodation deposits and/or pre-payments is at the discretion of the accommodation establishments.

Important

Delegates, accompanying persons and guests are advised to effect their own insurance to cover all risks including (but not limited to) costs of travel, accommodation, conference registration, injury/death, health and medical expenses, personal property and all other risks. The conference, host organisations and organisers will not be held liable for any claims under any circumstances.

I wish to register for the Gene Mappers 2007 Conference and accept the registration terms:

Signed: _____ Date: _____/_____/_____

PLEASE FAX COMPLETED FORM TO 07 3369 3731