



# The 9th International Workshop on the Interrelationship between Plasma Experiments in Laboratory and Space

5th - 10th August 2007  
Palm Cove Resort, Cairns, Australia

## Registration Form

Title, Family Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Organization \_\_\_\_\_

Department \_\_\_\_\_

Address \_\_\_\_\_

Postal Address (if different) \_\_\_\_\_

Telephone \_\_\_\_\_

Facsimile \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

*The above details minus your mobile phone number will appear on the delegate list provided to delegates unless you indicate otherwise below.*

*I do not want my details to be included in the delegate list for delegates only*

### Students

Provide the e-mail address of your Head of Department for verification of your student status

\_\_\_\_\_

### Special Needs

Do you have any special dietary requirements?  Yes  No

If Yes, provide details \_\_\_\_\_

\_\_\_\_\_

Do you have any other special needs, such as wheel chair access?  Yes  No

If Yes, provide details \_\_\_\_\_

\_\_\_\_\_

### Bank Transfer Payment

Payments can be made by direct deposit to the following bank account (for credit card payment, please download Credit Card Payment Form from the IPELS web site)

**Bank:** NATIONAL AUSTRALIA BANK  
**Branch:** CANBERRA CITY, LONDON CIRCUIT & AINSLIE AVE, CIVIC SQUARE, AUSTRALIAN CAPITAL TERRITORY (ACT), AUSTRALIA, 2601  
**BSB:** 082-902  
**Account Number:** 674507553  
**Account Name:** THE AUSTRALIAN NATIONAL UNIVERSITY GENERAL ACCOUNT  
**Swift code:** NATAAU3302S  
**Reference:** Q430800102 and YOUR NAME

A receipt of payment will be sent to you as soon as we have received your registration form and payment.



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## Bank Transfer Payment Form

After payment has been made please fill in the form below and return with your registration form to Devin Ramdutt (IPELS 2007 Secretariat) by fax (+61 2 6125 8552) or by e-mail to ipels2007@anu.edu.au.

Note: All costs are listed in Australian dollars

Registration Fees	Before 1 <sup>st</sup> June 2007		After 1 <sup>st</sup> June 2007	
Full*	\$ 670	<input type="checkbox"/>	\$ 800	<input type="checkbox"/>
Student*	\$ 400	<input type="checkbox"/>	\$ 530	<input type="checkbox"/>
Daily full	\$ 250	<input type="checkbox"/>	\$ 250	<input type="checkbox"/>
Daily student	\$ 250	<input type="checkbox"/>	\$ 250	<input type="checkbox"/>

\* The full and student registration fee includes one ticket to the welcome reception and conference dinner

Additional tickets	Quantity		
Welcome Reception	_____	@	\$75 each
Conference Dinner	_____	@	\$100 each
<b>Total Amount</b>			\$ _____

Name of sender \_\_\_\_\_  
 Date of payment \_\_\_\_\_  
 Payment reference number \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Submission of this form constitutes acceptance of the following cancellation/refund policy. A refund of registration fees, less an administration charge of \$20 (including GST) will only be available if you provide written notification of your cancellation by July 20th, 2007. Refunds beyond this point may not be possible. Substitutions may be made at any time by notifying the IPELS Secretariat.