



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

Please 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 _____

Credit Card Payment

For payment by credit card (for bank transfer payment, please download Bank Transfer Payment Form from the IPELS web site), please fill in the form below and send it along with this form to Devin Ramdutt (IPELS 2007 Secretariat) by fax (+61 2 6125 8552) or by e-mail to ipels2007@anu.edu.au.

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



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Note: All costs are listed in Australian dollars

Registration Fees	Before 1 st June 2007		After 1 st 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
Total Amount			\$ _____

Payment

Please debit my

Master Card

Visa

Cardholder's name _____

Card number _____

Expiry date _____

Security code (3 digits at the back) _____

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.