

registration form

14th WORLD CONGRESS ON HUMAN REPRODUCTION

Melbourne Convention & Exhibition Centre, Melbourne Australia

30 November – 3 December 2011

human
reproduction

tax invoice

ABN 27 006 214 115

Please type or print in BLOCK LETTERS in black. Please complete all sections.

section A: delegate

Title: Prof A/Prof Dr Mr Ms Mrs Miss

Family name: _____

Given name: _____

Organisation: _____

Position: _____

Postal address: _____

Suburb: _____

Country: _____ State: _____ Postcode: _____

Telephone: [] _____

Mobile: _____

Facsimile: [] _____

Email: _____

Name for badge: _____

I DO NOT wish for my contact details to be listed in the Conference Delegate Listing

Special dietary requirements: Vegetarian Other please specify:

Accompanying Person

Title: Prof A/Prof Dr Mr Ms Mrs Miss

Family name: _____

Given name: _____

Name for badge: _____

Special dietary requirements: Vegetarian Other please specify:

Please complete the registration form and forward it to the address below:

14th World Congress on
Human Reproduction
C/- WALDRONSMITH Management
61 Danks Street West
Port Melbourne VIC 3207
AUSTRALIA

or fax to: + 61 3 9645 6322

section B: congress registration

Registration for 14th World Congress on Human Reproduction	Cost per person prior to Wednesday 31 August 2011	Cost per person after Wednesday 31 August 2011	Payment
FSA Member Registration	\$895.00	\$995.00	\$
International Academy of Human Reproduction Member	\$895.00	\$995.00	
Non Member Registration	\$1200.00	\$1300.00	\$
FSA Member Nurse/Counsellor	\$795.00	\$795.00	
Non Member Nurse/Counsellor	\$895.00	\$895.00	
Day Registration* (Thursday or Friday or Saturday only)	\$600.00	\$600.00	\$
Accompanying Persons Registration	\$280.00	\$280.00	\$
Exhibitor / Sponsor Registration (Complimentary)	FOC	FOC	
Additional Exhibitor / Sponsor Registration	\$895.00	\$895.00	\$
Total Payment Section B			\$

* Attendance at sessions and catering on the day of registration only

If you have selected day registration, please indicate below which day you will be attending:

[] Thursday 1 December 2011 [] Friday 2 December 2011 [] Saturday 3 December 2011

Reciprocal registration discount for RANZCOG 2011 ASM registrants

Register for both the World Congress & the RANZCOG ASM and receive further discounts.

To obtain the discount on the full Congress registrations you must also register and pay as a full registrant for the RANZCOG 2011 ASM. To obtain the discount on a day Congress registration you must also register and pay as a full registrant or day registrant for the RANZCOG ASM.

Discounted registration	Cost per person prior to Wednesday 31 August 2011	Cost per person after Wednesday 31 August 2011	Payment
FSA Member Registration	\$698.00	\$776.00	\$
International Academy of Human Reproduction Member	\$698.00	\$776.00	
Non Member Registration	\$936.00	\$1014.00	\$
FSA Member Nurse/Counsellor	\$620.00	\$620.00	
Non Member Nurse/Counsellor	\$698.00	\$698.00	
Day Registration* (Thursday or Friday or Saturday only)	\$520.00	\$520.00	\$
Total Payment Section B			\$

* Attendance at sessions and catering on the day of registration only

If you have selected day registration, please indicate below which day you will be attending:

[] Thursday 1 December 2011 [] Friday 2 December 2011 [] Saturday 3 December 2011

section C: inclusive social functions

Tickets to the Welcome Reception and Congress Dinner are included in all FULL and Accompanying Person Registrations. Tickets will not be automatically issued for inclusive social functions in your registration.

Please tick the functions you intend to attend as part of your registration.

Date	Function	Delegate	Registered Accompanying Person
Wednesday 30 November 2011	Congress Welcome Reception	[]	[]
Thursday 1 December 20	Congress Gala Dinner	[]	[]

section D: additional social function tickets

Date	Function	Cost	Number of Tickets	Payment
Wednesday 30 November 2011	Congress Welcome Reception	\$80.00	[]	\$
Thursday 1 December 20	Congress Gala Dinner	\$150.00	[]	\$
Total Payment Section D				\$

section E: accommodation

Please remember to indicate first, second and third (1, 2 and 3) preferences in the appropriate box and forward the deposit for your first preference.

Please tick type of room:

I would like to share with, or will be accompanied by:

[] Single [] Smoking

[] Double [] Non Smoking

[] Twin Arrival date: / /

[] Other Departure date: / /

Hotel	Room Type	Preference	Rate per night
Hilton South Wharf	King / Twin Room	[]	\$245.00
Crown Metropol	Luxe King / Twin Room	[]	\$245.00
Crown Promenade	Standard King / Twin Room	[]	\$220.00
Crown Towers	Deluxe King / Twin Room	[]	\$285.00
Grand Hotel Melbourne	Studio Apartment	[]	\$220.00
	1 Bedroom Apartment	[]	\$250.00
	2 Bedroom Apartment	[]	\$332.00
Melbourne Short Stay Apartments Southbank Central	Condo Apartment		\$199.00
	Standard Apartment (2 bedrooms)	[]	\$239.00
	Executive Apartment (2 bedrooms)	[]	\$259.00
	Superior Apartment (3 bedrooms)	[]	\$389.00
Melbourne Short Stay Apartments Southbank Deluxe	Condo Apartment	[]	\$215.00
	Executive Apartment (2 bedroom)	[]	\$323.00
	Superior Apartment (3 bedroom)	[]	\$431.00
Holiday Inn on Flinders	Standard Queen / Twin	[]	\$230.00
Crowne Plaza	Standard Queen / Twin	[]	\$250.00
Medina Executive	1 Bedroom Apartment	[]	\$199.00
Travelodge Docklands	Guest Room Queen / Twin	[]	\$159.00
Travelodge Southbank	Guest Room Queen / Twin	[]	\$159.00
Vibe Savoy Hotel Melbourne	Guest Room Queen / Twin	[]	\$179.00

All accommodation prices quoted are in Australian dollars and are inclusive of GST.

section F: payment of fees

All cheques to be made payable to: **Fertility Society of Australia**.

International delegates are required to pay by international bank cheque in Australian dollars only, which must be drawn on any major Australian Bank. MasterCard, VisaCard and American Express are also accepted.

Total Payment Section B	AU\$
Total Payment Section D	AU\$
Total Payment Section E	AU\$
Total Payment Due	AU\$

credit card payment

Please tick: MasterCard VisaCard American Express

Cardholder's name (please print): _____

Card number:

Card ID / Card validation code: _____ Expiry date: _____ / _____

The Card ID or Card Validation Code is a 3 digit code found on the back of your credit card (or a 4 digit code on the front of American Express cards).

Signature: _____ Date: _____ / _____ / _____