



Sixteenth Australian Assembly on Brassicas
<http://www.australianoilseeds.com>
 Ballarat Mercure Hotel, 14-16 September, 2009
 613 Main Road, Ballarat
 Phone +61 3 5327 1200

REGISTRATION FORM/TAX INVOICE

Department of Primary Industries, Victoria, Australia. ABN: 42 579 412 233
 This document will become a Tax Invoice for GST purposes on receipt of your payment.
 Please keep a copy of the completed form for your records

DELEGATE INFORMATION *Denotes Required Field

Surname:* Title:(Mr, Mrs, Ms, Prof, Dr, Other)*

First Name*

Organisation:*

Mailing Address:

Number and Street (or Post Office Box):.....

Suburb,Town or City:..... Postal/Zip Code:.....

State:..... Country:*

Email:*

Telephone: Country Code:.....Area Code:..... Telephone Number:.....

Special dietary requirements:

.....

Section A. REGISTRATION FEES

Please select the appropriate registration and enter the fee into "Section B. Payment".

(all fees listed include GST)	AUD\$
Pre-Conference Day Tour (one day) Departure on Monday 14 th September at 8.00am Total cost includes all meals and bus travel for the day	\$80
Conference Registration – includes proceedings, welcome BBQ, Conference Tuesday 15th & Wednesday 16th and Conference Dinner Tuesday 15th	\$320
Day Rate – indicate which day	\$180
*Student concession (Tour & Conference)	\$200
Total	AUD \$

I wish to register as a student*

Supervisor's name:

POSTERS

- I wish to present a poster
- I wish to present a paper

Title of Poster / Paper -----

I acknowledge the paper/poster will be published in the proceedings and made available on the Internet



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Section B. PAYMENT METHODS

We recommend and accept payment by Visa, Bankcard or Mastercard credit cards. All payments must be in Australian Dollars. Department of Primary Industries staff may also opt for payment via journal transfer.

I wish to pay by: (please circle) Cheque / Credit Card / Journal Transfer

Department of Primary Industries Staff Only: Charge code: _____

Cheques payable to Department of Primary Industries

Credit Card (please tick type): Bankcard Mastercard Visa

Card Number

Name on Card: **Expiry:**/.....

Signature of Card Holder:

Tick if you require a receipt for your payment (Receipt can be collected at Registration)

Fax or Post this form together with your payment details to:

Angela Worthy
Fax: +61 3 5362 2187
Phone: +61 3 5362 2111
Postal Address:
ARAB 2009
Department of Primary Industries,
Private Bag 260
Horsham
VICTORIA 3401
Australia
Angela.worthy@dpi.vic.gov.au
