

# REGISTRATION FORM

	<i>Retired Member</i>	<i>Member</i>	<i>Non-Member</i>
<b>REGISTRATION:</b> Includes symposium venue expenses , lunch, symposium travel for Thursday morning / afternoon tea	Number required ( ) \$ <b>150.00</b>	\$ <b>380.00</b>	\$ <b>570.00</b>
<b>DINNER:</b> Official dinner and Awards Presentation (drinks not included)	Number required ( ) \$ <b>33.00</b> Friday 22nd October per head	\$ <b>67.00</b> per head	\$ <b>85.00</b> per head
<b>TOTAL:</b>	\$ _____	\$ _____	\$ _____

**NAME:** \_\_\_\_\_ appears on name badge (please print)

**EMPLOYER:** \_\_\_\_\_  
if applicable

**ADDRESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_

**POST CODE:** \_\_\_\_\_

### CREDIT CARD PAYMENT OPTION

please circle card type

VISA / MASTERCARD \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiry: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Please make your cheque or bank draft payable in **Australian Dollars** to  
"The Scientific Glassblowers Society of Australia and New Zealand"

Mail or fax your completed registration form along with your payment details before the **31st August 2010** to:

Dennis Clair  
41 Weston Street,  
Naval Base. Western Australia. 6165.

**Fax: +61 08 94371910**