



CXS 2nd Annual Workshop

Physicists and Biologists working together
FACILITATING X-RAY BIOPHOTONICS

Bio21 Institute, Melbourne Australia
 11th – 13th April, 2007

Registration Form

Please fill in this form and mail or fax to:

CXS – Annual Workshop 2007
 University of Melbourne
 School of Physics
 Victoria, 3010
 Australia

Fax: 61 3 9347 8912

*Fields marked by an * are mandatory.*

Personal Information	
Fields highlighted in Yellow will appear on name badge.	
First Name*	<input style="width: 90%;" type="text"/>
Last Name*	<input style="width: 90%;" type="text"/>
Title	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms
Organization*	<input style="width: 90%;" type="text"/>
Department*	<input style="width: 90%;" type="text"/>
Full mailing address*	<input style="width: 90%;" type="text"/>
City, State, Postcode*	<input style="width: 90%;" type="text"/>
Country*	<input style="width: 90%;" type="text"/>
Email*	<input style="width: 90%;" type="text"/>
Phone:	<input style="width: 90%;" type="text"/>
Fax:	<input style="width: 90%;" type="text"/>
Student :	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, state name of supervisor*	<input style="width: 90%;" type="text"/>
CXS Member*	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, state CXS Group*	<input style="width: 90%;" type="text"/>
For catering purpose, please specify any special diet requirements:	<input style="width: 90%;" type="text"/>
Do you want to be put on the CXS mailing lists?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you want to receive our Newsletters by email?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Registration Fees

		Price (AUD)
<input type="checkbox"/>	Full registration 3 day Workshop	\$200
<input type="checkbox"/>	1 day full registration Only (please state day) <input type="checkbox"/> Wed 11 th April <input type="checkbox"/> Thu 12 th April <input type="checkbox"/> Fri 13 th April	\$100
<input type="checkbox"/>	Late full registration (after 30 th March 2007)	\$250
<input type="checkbox"/>	Student Full registration 3 day Workshop	\$150
<input type="checkbox"/>	1 day Student registration Only (please state day) <input type="checkbox"/> Wed 11 th April <input type="checkbox"/> Thu 12 th April <input type="checkbox"/> Fri 13 th April	\$75
<input type="checkbox"/>	Late student registration (after 30 th March 2007)	\$200
<input type="checkbox"/>	Late 1 day registration (after 30 th March 2007)	\$150
<input type="checkbox"/>	Australian Synchrotron Visit (Thursday 12th April)	Nil
<input type="checkbox"/>	Dinner – Royal Melbourne Zoo	\$70
	Total	

Method of Payment

Payment by Credit card

Please **complete the attached Credit Card Permission** form and fax it with your registration form to 61 3 9347 8912

Payment by Cheque

Should be made out to: **University of Melbourne, School of Physics, CXS** and **mail to:**

CXS – Annual Workshop 2007
University of Melbourne
School of Physics
Victoria, 3010, Australia



Name of participant:

Address:

Contact telephone:

Fax:

Email:

To : University of Melbourne,

This is notification that I authorise the University of Melbourne to deduct the amount specified from the credit card as mentioned below.

REMITTANCE ADVICE

VISA

BANKCARD

MASTER CARD

NAME ON CARD (Please print):

EXPIRY DATE:

SIGNATURE:

CARD NO.

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TOTAL PAYMENT AUD: \$