

Signature



FULL CONFERENCE REGISTRATION 50th Annual Meeting of the Australian Mathematical Society 25-29 September 2006

Please complete this registration form and send it to

AustMS06,

c/o Ms Victoria Benning, Department of Mathematics, Macquarie University, NSW 2109.			
Title – please tick one First Name Prof Dr Mr Ms Mrs Other	Last N	Last Name	
Affiliation and Address	Phone Fax		
	Email		
Details – please tick appropriate boxes and complete the Registr	ration Payment and Tax Invoice f	orm	
Registration and Conference Dinner:	Before 22 August	After 21 August	
 Plenary or Keynote Speaker Member of the Program or Organizing Committee Member of the Australian Mathematical Society Retired Member of the Australian Mathematical Socie Research Student - please complete Student Declaration form None of the above 	FREE AU \$ 150 AU \$ 250 ty AU \$ 150 AU \$ 50 AU \$ 350	FREE AU \$ 150 AU \$ 350 AU \$ 250 AU \$ 150 AU \$ 450	
Number of Guests for Conference Dinner:	(AU \$ 100 per	(AU \$ 100 per person)	
I would like to use the free airport transfer on Friday	29 September. – please see we	ebsite for details	
CHECKLIST I have included the following forms with the Registration Payment and Tax Invoice College Accommodation Request + Accommodation F	Contributed Talk	e tick appropriate boxe	

Date