

LABCON 2009

2 – 4 DECEMBER 2009

The preferred method of Registration is via FAX or POST.

When Registering, payment can be made by money order or cheque, made payable to LABORATORY TECHNICIANS ASSOCIATION OF VICTORIA (please write the name in full). Please photocopy the completed Registration Form and send the copy with payment to:

LABCON 2009 Conference Secretariat
PO Box 5739, Cranbourne, 3977.

Alternatively, you can pay by Direct Debit into the LTAV Account:

Bank: Commonwealth Bank of Australia

Branch: Warragul

BSB: 063532

Account Number: 10401068

Account Name: Laboratory Technicians Association of Victoria Inc.

If paying directly into the LTAV bank account, please ensure that the EFT remittance advice together with the Registration Form is FAXED (03 5995 4733) to the Secretariat or posted to the above address.

Please check that your Accounts Department has updated the address details for LABCON 2009 to ensure that your Registration Form and payment are being sent to the correct above address.

Registration Forms should not be sent to “LABTECH – STAV”.

Registration Forms without payment will NOT be processed until payment is received.

A confirmation letter will be sent to you by email with Sessions allocated.

If you are not able to register for LABCON on either day, you are very welcome to visit the Exhibition outside the catering breaks (shown in the program).

Privacy Statement

The Privacy Act 2000 provides that, before a name, organisation and state/country details can be published in the list of the conference delegates for distribution to fellow delegates or any other party; you must give your consent. If you DO NOT wish to have your name and details included in the Delegate List please indicate below and send this instruction with your Registration Form and payment.

Do not include on distribution list:

HELP LINE:

LABCON 2009 Conference Secretariat

Marg Scarlett – Conference Organising Group

Tel: 03 5995 4599 Fax: 03 5995 4733

Email:register@cogroup.com.au



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REGISTRATION FORM AND TAX INVOICE
 LTAV ABN: 96 439 156 002

DELEGATE DETAILS

Prof/Dr/Mr/Mrs/Ms/Miss: Surname:..... Given Name.....
 Company/Organisation:..... Position:.....
 Address:.....
 State:..... Postcode:..... Telephone:..... Facsimile:.....
 Email:.....

Emergency Telephone:.....(e.g. home number to contact in emergency **during LABCON**)

Please indicate any dietary, disability assistance required:.....

I wish to apply for LTAV Membership and enclose membership form and payment of \$44.00 includes GST. \$

REGISTRATION FEES	*LTAV Member	Non Member	
Full Registration – Wednesday & Thursday includes Dinner	\$345.00	\$395.00 GST inclusive	\$.....
Full Registration – Wednesday & Thursday excludes Dinner	\$295.00	\$345.00 GST inclusive	\$.....
One Day Registration - excludes dinner	\$235.00	\$285.00 GST inclusive	\$.....

Please Day attending Wednesday Thursday

Friday Tour (Insert Tour Number Below)	\$ 55.00	\$ 66.00 GST inclusive	\$.....
Conference Dinner (extra tickets)		\$ 80.00 GST inclusive	\$.....

SUB TOTAL REGISTRATION FEES GST inclusive AUD\$

ACCOMMODATION Required: Yes No Room Type Required: Single Twin /Double

Single Room rate per night	\$145.00 GST inclusive xNights	=	\$.....
Twin/Double Room rate per night	\$160.00 GST inclusive xNights	=	\$.....

I wish to book breakfast for (.....days) \$16 Continental \$20 Full breakfast = \$.....

Arrival Date: Depart Date:

SUB TOTAL ACCOMMODATION & Breakfast (if applicable) GST inclusive AUD\$

TOTAL PAYABLE to LTAV Registration Fees + Accommodation (if applicable) AUD\$.....

PAYMENT: Cheques to be made payable to Laboratory Technicians Association of Victoria and forwarded with this registration form to:

Mail: LABCON 2009 Conference Secretariat, PO Box 5739, Cranbourne. Victoria. 3977.

DIRECT DEBIT: If paying by Direct Debit, please ensure the EFT remittance advice and your registration form is faxed to the LABCON Secretariat: FAX: 03 5995 4733. This will enable us to identify your payment and allocate sessions accordingly.

Concurrent Workshop/Tour Preferences (Note that there are strict limits on numbers attending each workshop)

Please use Session Codes in preferences below and places will be allocated in order of receipt of payment.

Please complete all boxes.

	1 st Pref	2 nd Pref	3 rd Pref	4 th Pref	FRIDAY TOURS
Wednesday 9.40am – 11.00am	[]	[]	[]	[]	List in Order of Preference e.g. FT1 FT2 etc.
Wednesday 11.40am – 1.00pm	[]	[]	[]	[]	[] First preference
Wednesday 2.00am – 3.20pm	[]	[]	[]	[]	[] Second preference
Thursday 9.50am – 11.10am	[]	[]	[]	[]	[] Third preference
Thursday 11.50am – 1.10pm	[]	[]	[]	[]	[] Fourth preference
Thursday 2.10am – 3.30pm	[]	[]	[]	[]	

Principal / Science Co-ordinator's name _____ Signature _____