

## LABCON 2008

3 – 5 DECEMBER 2008

The preferred method of registration is via FAX or POST

When registering payment can be made by money order or cheque made payable to LTAV and mailed to the Conference Secretariat, PO Box 5739, Cranbourne Vic 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 to the Secretariat: Fax 5995 4733.**

Please **photocopy** the Tax Invoice & Registration Form and **send** the copy of the completed form with your payment to:

**LABCON**

**C/- PO Box 5739 Cranbourne 3977**

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

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

**Forms without payment will not be processed until payment is received.**

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

If you are not able to register for the Conference 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 your 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 this below

No do not include on distribution list:

### **Help Line**

**LABCON 2008 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 or special needs:.....

Please indicate any disability assistance requirements:.....

REGISTRATION FEES	*LTAV Member	Non Member		
Full Registration – Wednesday & Thursday includes Dinner	\$335.00	\$385.00	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

<b>Friday Tour</b> (Insert Tour Number .....)	\$ 55.00	\$ 66.00	GST inclusive	\$.....
Conference Dinner (extra tickets)		\$ 80.00	GST inclusive	\$.....

SUB TOTAL REGISTRATION FEES	GST inclusive	AUD\$
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<b>ACCOMMODATION Required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Room Type Required: <input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Double		
Single Room rate per night	\$140.00 GST inclusive x .....Nights	=	\$.....
Twin/Double Room rate per night	\$155.00 GST inclusive x .....Nights	=	\$.....
I wish to book breakfasts for (.....days) <input type="checkbox"/> \$15 Continental <input type="checkbox"/> \$19 Full breakfast	=		\$.....

Arrival Date: ..... Depart Date: .....

SUB TOTAL ACCOMMODATION & Breakfast (if applicable)	GST inclusive	AUD\$
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TOTAL PAYABLE to LTAV	Registration Fees + Accommodation (if applicable)	AUD\$.....
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**PAYMENT:** Cheques to be made payable to LTAV and forwarded with this registration form to:

**Mail:** LABCON 2008 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 <sup>st</sup> Pref	2 <sup>nd</sup> Pref	3 <sup>rd</sup> Pref	4 <sup>th</sup> Pref
Wednesday 9.40am – 11.00am	[ ]	[ ]	[ ]	[ ]
Wednesday 11.40am – 1.00pm	[ ]	[ ]	[ ]	[ ]
Wednesday 2.00am – 3.20pm	[ ]	[ ]	[ ]	[ ]
Thursday 9.50am – 11.10am	[ ]	[ ]	[ ]	[ ]
Thursday 11.50am – 1.10pm	[ ]	[ ]	[ ]	[ ]
Thursday 2.10am – 3.30pm	[ ]	[ ]	[ ]	[ ]

Principal / Science Co-ordinator's name \_\_\_\_\_ Signature \_\_\_\_\_