

**Australian Neuroscience Society Inc. 29th Annual Meeting (ANS 2009)
National Convention Centre, Canberra, ACT 27 – 30 January 2009**

REGISTRATION FORM / TAX INVOICE

ABN: 68 737 804 032

(This form constitutes a Tax Invoice upon payment)

Please visit <http://www.sallyjayconferences.com.au/ans2009/> to register on-line
OR

Return this form with payment for all fees to:

Mail to:
ANS 2009 Secretariat
PO Box 2331
KENT TOWN SA 5071 AUSTRALIA

Courier to:
Sally Jay
2A Athelney Avenue
HACKNEY SA 5069 AUSTRALIA

Phone/Fax (within Australia) 08 8362 0038 (outside of Australia) +61 8 8362 0038

A. Registration Form (Please print clearly using block letters)

Family name: _____ Initials _____ Title: _____ (Prof/A/Prof/Dr/Mr/Ms/Miss)

Preferred name for badge: _____ Gender: (pls tick) Female Male

Department: _____ Institution: _____

Postal address (number/street) _____

Town/Suburb: _____ State: _____ Postcode/Zip Code: _____

Country: _____ E-mail: _____

Phone: _____ Fax: _____

Special Requirements (Please note any specific dietary, medical or other requirements, e.g. Wheelchair access or vegetarian meals): _____

Accompanying Person(s) if attending social functions: Given Name: _____ Surname: _____

Research Themes – Your registration cannot be accepted without the selection of **one** theme from the list below. (Please tick one box only)

- A: Development B: Synaptic Transmission and Excitability C: Sensory Systems D: Motor Systems
 E: Autonomic, Limbic and Other Systems F: Cognition and Behaviour G: Neurological and Psychiatric Conditions
 H: Techniques in Neuroscience I: History of Neuroscience; Neuroscience Teaching

Research Interest (Three keywords only please to indicate your current research interest): _____

Abstract Submission: Will you be submitting an abstract as the **PRESENTING** author?: Yes No Undecided

Privacy: Personal information, as defined under the national privacy legislation, The Privacy Amendment (Private Sector) Act 2001, will be treated in accordance with the National Privacy Principles and only shared with related or third parties in accordance with those principles.

Please tick the following boxes in regards to your choice of privacy:

Printed Register of Members (Details listed include name, institution, postal address, phone and fax number, email address, research theme and research interest.)

Yes, make my details available No, don't make my details available

Online Register of Members (Details listed as above)

Yes, make my details available No, don't make my details available

B. Registration Fees in Australian Dollars \$A inclusive of GST (Goods and Services Tax) (Registration fees are inclusive of ANS Membership Subscription.)

	By 17/10/08	After 17/10/08	After 24.01.09 & Onsite
ANS Member	\$540.00	\$690.00	\$750.00 \$ _____
*Student/Retired Member	\$280.00	\$380.00	\$420.00 \$ _____

* Student registrations apply to full time or part-time PhD or MSc students enrolled in a Diploma or Degree Course at a tertiary institution. Please complete the following:

Sub Total B \$ _____

Name of Supervisor _____ Degree _____

Email of Supervisor _____

C. Accommodation (Rates incl of GST)

Closing date for guaranteed accommodation bookings is 8 December 2008

The conference secretariat has secured blocks of accommodation with each hotel below and requests that **all bookings be made directly** with the conference secretariat

Number of Persons: _____ Number of nights: _____ Arrive: ____/____/____ Depart ____/____/____

Late check in time if arriving after 1800 hrs _____

It is strongly recommended that accommodation reservations be made at the time of registration.

Please number your first three choices in order of preference: one night's deposit must be paid on first preference to secure booking:

<i>(Please circle choice)</i>	Single	*Twin/Double	*Share/person	Deposit
Crowne Plaza 4.5 star	\$205	\$205	\$102.50	\$ _____
Clifton on Northbourne 4.5 star **				
One Bedroom Apartment	\$195	\$195	\$97.50	\$ _____
Two Bedroom Apartment	\$225	\$225	\$112.50	\$ _____
Two Bedroom Apartment & Ensuite	\$250	\$250	\$125	\$ _____
Medina James Court 4.5 star**				
One Bedroom Apartment	\$165	\$165	\$82.50	\$ _____
Two Bedroom Apartment	\$195	\$195	\$97.50	\$ _____
Rydges Lakeside 4 star	\$189	\$189	\$94.50	\$ _____
Marque Canberra 4 star				
Deluxe Room	\$178	\$178	\$89	\$ _____
Deluxe Poolside	\$178	\$178	\$89	\$ _____
King Spa Room	\$178	\$178	\$89	\$ _____
Canberra Rex Hotel 3.5 star				
King Room	\$129	\$129	\$64.50	\$ _____
*Triple Room (King Bed + Single Bed)	\$149	\$149	\$50	\$ _____
			Sub-Total C	A\$ _____

Conference cannot arrange sharepersons. Sharepersons must be organised by registrant.

*Twin/Triple sharing with _____

**Apartment sharing with _____

Note: Please note that the secretariat will not organise room sharing on your behalf.

Please see "Accommodation Information" on Page 11 for full details and costings for extra beds in all hotels.

*Twin/triple room/studio sharing with _____

** Apartment sharing with _____

D. Social Program (see page 3 for details)

Date	Event	Cost of Ticket	Number of persons	Total
Tue 27 Jan	Welcome Mixer	No charge for registrants (pls tick box) \$45 accompanying persons	<input type="checkbox"/> Attending <input type="checkbox"/> Not Attending	_____
Wed 28 Jan	Cocktail Party	\$15 \$35 accompanying persons	One per registrant	_____
Thu 29 Jan	Conference Dinner	\$100	_____	_____
	Subsidised Dinner Ticket (student registrants only)	\$75	One per registrant	_____

PAYMENT SUMMARY

B.	Registration fee	\$ _____
C.	Accommodation deposit	\$ _____
D.	Social Program	\$ _____

TOTAL \$ _____

Payments in Australian Dollars by Cheque/Bank Draft payable to "ANS 2009"

Credit card : Visa Mastercard Card No: ____ / ____ / ____ / ____ Expiry Date: _____

Name on card: _____ Signature: _____

Name of registrant if different from Cardholder _____