



# ASB2001 Registration Form

5 - 7 September 2001

Title: ..... Surname: ..... Forename: .....

Position in Department: ..... Department: .....

Institution: .....

Street/PO Box: .....

Suburb: ..... State: ..... Postcode: ..... Country: .....

Phone: ..... Fax: .....

Email: .....

### Areas of Research

1. ....

2. ....

3. ....

Full Member	\$200	\$.....	I am a member of ASB	...
Student Member or Retiree	\$120	\$.....	I wish to apply for a student travel grant**	...
Non-member *	\$235	\$.....	Do you wish to join ASB? *	...
Student non-member *	\$134	\$.....	Do you wish to join ASB? *	...
Full Member day registration	\$120	\$.....	Please specify day	.....
Non-member day registration	\$135	\$.....	Please specify day	.....
Late Registration Surcharge	\$10	\$.....	→ (after 20 July)	
Dinner (Thursday)	Regular \$70	Student \$50		
<b>Total Payment Included</b>		\$.....		

I will be applying for the Young Biophysicist Award

\* If you wish to join ASB, please use the ASB website to do so (<http://www.anatomy.usyd.edu.au/ASB/>).

Member rates for the conference will then apply.

\*\* See separate form under Student Travel Grants section of this website.

Payment may be made by:  Cheque (to Australian Society for Biophysics)  Postal Money Order (to Australian Society for Biophysics)  Bankcard  Mastercard  Visa

Card Number: .....
Date of Expiry of Card: ..... Amount to be Charged: \$ .....
Name of Cardholder: .....
Signature of Cardholder: .....

Abstract Are you submitting an abstract?  Name of first author? .....

Please fill in the Abstract Submission Form for invited or contributed papers (due on 20 July 2001). Abstracts should be submitted in hard copy and as an attached MS Word document to [bretth@pathology.usyd.edu.au](mailto:bretth@pathology.usyd.edu.au)

Mail, fax or email this completed form to: ASB2001 (Attn. Dr B Hambly)  
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 University of Sydney NSW 2006, Australia  
 Fax: 61 2 9351 3429 Email: [bretth@pathology.usyd.edu.au](mailto:bretth@pathology.usyd.edu.au)