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| **Title****Full Name****Affiliation (Institute)** | **Prof.☐Dr.☐Mr.☐Ms.☐ Other** (Please Specify)     Click here to enter text.Click here to enter text. |
| **Contact****Details** | Address Click here to enter text.Town / Suburb Click here to enter text.Postal Code Click here to enter text.E-mail Click here to enter text. |
| **Do you intend to present a poster?** | Yes ☐No ☐ |
| **Lunch preference** | Vegetarian ☐Non-vegetarian ☐ |
| **Do you intend to stay overnight in Ballarat?** | Click here to enter text. |
| **Free registration****Morning, afternoon tea and lunch will be provided****Please return the form on or before 8th May 2015** |
| **Registration form should be forwarded by email only to:** | **Dr. Singarayer Florentine (Florry)****E-mail: s.florentine@federation.edu.au** |

