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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** |

