

## Conference Registration Form

A form must be completed for each registrant  
The University of Newcastle ABN: 15 736 576 735

### PERSONAL DETAILS

---

(Mr/Mrs/Ms/Dr/Prof): Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Preferred name for badge: \_\_\_\_\_

Department: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Tel: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

---

### SPECIAL REQUIREMENTS

---

**Special assistance:** Please indicate if you have a disability and require assistance to be able to participate fully in the conference: Please state the type of assistance required: \_\_\_\_\_

**Dietary Requirements:** Please indicate if you have any special meal requirements:



Please send registration form by mail, fax or email to:

Juliane Turner  
The University of Newcastle  
School of Mathematical and Physical Sciences  
University Drive  
Callaghan NSW 2308  
Australia

Phone: +61 2 49215483

Fax: +61 2 49216898

Email: [Juliane.Turner@newcastle.edu.au](mailto:Juliane.Turner@newcastle.edu.au)