

INTERNATIONAL CONFERENCE ON METABOLIC BONE DISEASE

10-13 June 2003 Coolum, Queensland, Australia

REGISTRATION FORM/TAX INVOICE ABN: 69 072 086 894

PERSONAL DETAILS:

Title (eg Prof/Dr/Mr/Ms) _____ Family Name: _____

First Name (preferred name for name badge) : _____

Department: _____ Organisation: _____

Street: _____ Suburb: _____ State: _____

Postcode: _____ Country: _____

Phone: _____ Fax: _____ E-mail: _____

Accompanying person(s)

First Name: _____ Family Name: _____

Special Requests (eg dietary requirements, disability) _____

PRIVACY

I do not wish my personal details to be included in the Participant List

STUDENT TRAVEL GRANT

I will be applying for a Travel Grant

ACCOMMODATION/AIRPORT TRANSFER

Arrival date: ___/06/03 Departure date: ___/06/03 No. nights: _____

Airline: _____ Arrival time: _____ Sunshine Coast Airport

Airport transfer required for _____ people @ \$18 per person _____ student(s) @ \$9 per person

	<i>Single</i>	<i>Double</i>	<i>Twin</i>	<i>Triple</i>	<i>Deposit</i>
Studio Suite	\$185	\$185	\$92.50		\$_____
Villa	\$275	\$275	\$137.50	\$91.65	\$_____

SUB-TOTAL A: \$_____

I will be sharing my apartment with: _____

I am willing to share with another **Male** **Female**

I will be making my own accommodation arrangements

