

Registration Form
Broome 2003 Crystallography Meetings

Surname: _____
 First Name: _____
 Title: _____
 Accompanying Person Names: _____

Affiliation Institute: _____
 Postal Address: _____
 Street _____
 City & Code _____
 Country _____

E-mail Address: _____
 Phone Number: _____ Fax Number: _____

REGISTRATION FEES

AsCA '03/Crystal-23 (August 10-13)

Full	A\$400 (after March15, A\$500)	\$ _____
Student*	A\$250 (after March15, A\$300)	\$ _____
Accompanying†	A\$200 (after March15, A\$250)	\$ _____

Biological Structure Workshop (August 13-15)

Full	A\$300 (after March15, A\$400)	\$ _____
Student*	A\$200 (after March15, A\$250)	\$ _____
Accompanying†	A\$150 (after March15, A\$200)	\$ _____

Sagamore Meeting (August 13-18)

Full	A\$500 (after March15, A\$650)	\$ _____
Student*	A\$300 (after March15, A\$400)	\$ _____
Accompanying†	A\$250 (after March15, A\$350)	\$ _____

AsCA '03/Crystal-23 and Biological Structure Workshop (August 10-15)

Full	A\$600 (after March15, A\$750)	\$ _____
Student*	A\$350 (after March15, A\$400)	\$ _____
Accompanying†	A\$300 (after March15, A\$350)	\$ _____

AsCA '03/Crystal-23 and Sagamore Meeting (August 10-18)

Full	A\$800 (after March15, A\$900)	\$ _____
Student*	A\$450 (after March15, A\$500)	\$ _____
Accompanying†	A\$400 (after March15, A\$450)	\$ _____

* Student registrations accepted following an e-mail (org@broome2003.uwa.edu.au) from supervisor.

† Persons over 12years (fee covers cost of evening events).

• Fax or Post or Email this form to: **+61 8 93801066** or “Broome Conference Registration”, Extension Services, University of WA, Nedlands 6009, Australia or **janwood@cyllene.uwa.edu.au**.

• Payment to be made by telegraphic transfer (TT) or bank cheque to:
 University of Western Australia General Account (000086), Westpac Banking Corporation, 109 St George's Tce, Perth WA 6000; BSB Number: 036-054.
 Email confirmation of the TT to: **janwood@cyllene.uwa.edu.au**