



Registration Form

5. Accompanying Person(s): Includes: The Welcome Cocktail Reception, Tours shown on the website, Access to Exhibit Area, but not the Scientific Program.

Before 15 June 2004	Before 15 September 2004	After 15 th September 2004	No. of People	\$ AUD
\$550	\$600	\$750		_____

Name(s) of Accompanying Person(s):

6. TOTAL REGISTRATION FEES:

(Add Full Registration and/or Student Registration &/or Accompanying Persons and/or Congress Banquet)

\$ _____ Aud

\$ _____ Aud



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7. Payment Information:

Full payment of total registration fees must accompany this form. Cheques will be cashed and credit cards will be charged upon receipt of this form. Cheques must be made payable to the "11th ICAA" in Australian funds drawn on an Australian bank.

Method of Payment: Cheque enclosed VISA MasterCard Bankcard

Name as it appears on card (please print)

Card Number

Expiry Date:

_____ - _____

Signature _____

8. Submission Instructions:

This form is to be printed then completed with appropriate information including cheque or credit card detail fax or mail to:

Secretariat, 11th ICAA Congress,
Department of Immunology, Allergy & Infectious Disease,
St George Hospital,
2 South Street, Kogarah NSW 2217 Australia
Telephone: 61 - 2 - 9350 2955 Fax: 61 - 2 - 9350 3981

N.B:- All incomplete forms will not be accepted and will be returned.