



# Conference Registration Form

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

## PERSONAL DETAILS

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

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

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

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

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

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

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

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## 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:

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Please send registration form by mail or fax to:

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Callaghan NSW 2308  
Australia

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Fax: +61 2 49216898

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