



**6th International
Conference on
Early Psychosis**
20-22 October 2008
Melbourne Australia

Registration Form/Tax Invoice

ABN: 52 347 932 394

Register online at www.iepa2008.com/Registration.html

Or return this Registration Form to:

IEPA2008 Conference Secretariat

PO Box 5005, South Melbourne, Victoria 3205, Australia

Please complete one form for each registrant

NOTE: All fees are quoted in Australian Dollars (AUD) and are inclusive of GST.

Section 1 Personal Details

Title Prof Assoc Prof Dr Mr Mrs Ms Miss

Surname _____ Given Name _____

Job Title _____

Organisation/Institution _____

Department _____

Address _____

City/Suburb _____

State _____ Post/Zip Code _____ Country _____

Telephone* (_____) _____ Facsimile* (_____) _____

** Country + Area/City Codes required*

Email _____

Accompanying Persons _____

Special requirements (specific dietary, wheelchair access or other requirements) _____

Yes, I am a member of the IEPA. Membership Number _____

Section 2 Conference Registration Fees

All fees are quoted in Australian dollars (AUD) and are inclusive of GST.

| | <i>Early Bird Rate Before 15 June</i> | <i>Standard Rate Between 16 June – 1 October</i> | <i>Onsite Rate After 1 October</i> | <i>SUB TOTAL</i> |
|--------------------------|---|--|--|------------------|
| Full Delegate Member | AUD900 (R01) | AUD1000 (R07) | AUD1200 (R13) | _____ |
| Full Delegate Non-Member | AUD1000 (R02) | AUD1100 (R08) | AUD1200 (R14) | _____ |
| Day Registration | | | | |
| Monday 20 October | AUD500 (R03) | AUD500 (R09) | AUD600 (R15) | _____ |
| Tuesday 21 October | AUD500 (R04) | AUD500 (R10) | AUD600 (R16) | _____ |
| Wednesday 22 October | AUD500 (R05) | AUD500 (R11) | AUD600 (R17) | _____ |
| Carer/Full Time Student* | AUD500 (R06) | AUD500 (R12) | AUD600 (R18) | _____ |

Registration Fee Total AUD _____

*** Mandatory Full Time Student information:**

Institution Name/Country _____

Student number _____

All delegates registering at the Full Time Student rate must fax a copy of their student card or enrolment to the Conference Secretariat on 03 9682 0344 with their Registration form.

Section 3 Social Functions

Please indicate your attendance at all functions. Entry is limited to ticket holders only.

Sunday 19 October

Welcome Reception

Delegate (Inclusive) (SF01) Attending Yes No

Additional Ticket (SF02) AUD66 Quantity _____

Monday 20 October

Conference Dinner

Delegate (SF03) AUD120 Quantity _____

Additional Ticket (SF04) AUD120 Quantity _____

Social Functions Total AUD _____

Section 4 Accommodation

Payment of the first night's tariff must be received or credit card details provided with your registration to secure your accommodation booking. If a deposit is not received, your booking will not be processed. Please see page 11 of the Registration Brochure for further details on accommodation booking conditions. Breakfast is NOT included in the tariffs.

Please number hotels in order of preference from 1 -3.

| 5 STAR HOTEL | Preference | | |
|---------------------------------------|-------------------|-----------|-------|
| Crown Towers (H01) | Deluxe Room | AUD380.00 | _____ |
| Grand Hotel (H02) | Studio Room | AUD255.00 | _____ |
| | Two Bedroom Suite | AUD367.00 | _____ |
| 4.5 STAR HOTEL | | | |
| Crown Promenade (H03) | Standard Room | AUD280.00 | _____ |
| Novotel Melbourne on Collins (H04) | Standard Room | AUD220.00 | _____ |
| | Superior King | AUD250.00 | _____ |
| | Studio Suite | AUD280.00 | _____ |
| 4 STAR HOTEL | | | |
| Vibe Savoy Melbourne (H05) | Queen Room | AUD193.00 | _____ |
| Holiday Inn on Flinders (H06) | Standard Room | AUD240.00 | _____ |
| 3.5 STAR HOTEL | | | |
| Hotel Ibis – Little Bourke (H07) | Standard Room | AUD129.00 | _____ |

Rates listed are per night in Australian Dollars including GST. Prices are correct at time of printing and subject to change.

Accommodation Deposit (1 night tariff) Total AUD _____

In registering for this Conference, relevant details will be incorporated into a delegate list for the benefit of all attendees, and also may be made available to parties directly related to the congress including venues, accommodation providers, sponsors and key suppliers.

By registering for the IEPA2008 conference, you have consented to the collection, use and disclosure of information (credit card details will only be provided to your preferred hotel to secure your accommodation) provided in this registration form in accordance with and for the purpose outlined above unless otherwise advised in writing to info@iepa2008.com

OFFICE USE ONLY

Cheque AUD _____ Credit Card AUD _____

Entered Date _____ Comments _____