



The University of Sydney

SYMPOSIUM PAYMENT FORM September 2009

PERSONAL DETAILS		
Title: <input type="checkbox"/> Professor <input type="checkbox"/> Associate Professor <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other		
First name/s:		Last Name:
Mailing Address: _____		
City:	State:	Post Code:
Country:	Phone: ()	
Email:		

I will be accompanied by:

SYMPOSIUM DETAILS
Friday, 11 September : \$50.00 (GST Inclusive)
Saturday, 12 September : \$50.00 (GST Inclusive)
GMP Students : \$10.00 a day (GST Inclusive)
Venue: The University of Sydney, Lecture Theatre N104, New Law Building

PAYMENT DETAILS
Number of persons attending:
<input type="checkbox"/> <i>Cheque</i> (make payable to The University of Sydney)
<i>Credit Card:</i> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Diners Club
Card No:
Expiry Date: / Cardholder Name:
Signature:
Total Payment: \$

Please return this form to: Medical Alumni Association (Diana Lovegrove)
Edward Ford Building (A27)
The University of Sydney NSW 2006
Australia
Phone: 61 2 9114 1163; Fax: 61 2 9114 1165
ABN: 15211513464 CODE: 3610 K0017 G0457 M2MAASYM09(P)



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