Emerging Pest Management Challenges 2009

Advances in Biology and Research of Urban Pests
ABRUP Series

Tuesday 22 September 2009, 8:00 am - 6:00 pm,
Westmead Hospital, Cnr Hawkesbury & Darcy Roads, Westmead, Sydney

Jointly co-ordinated by The Department of Medical Entomology, ICPMR, PIMACs & De Groot Technical Services

ATTENDEE REGISTRATION FORM (Please print)

Full name:……

Organisation:……

Postal Address:……

……

Phone: ……**Fax**:……

Email:……

Special Dietary Requirements:……

We intend to include a list of attendees on the day (name, company and phone number only).
Do you wish to be included on this list? Y / N (Please circle)

TAX INVOICE **Pest Symposium (ABN: 39 067 430 826)**

Cost (Inc. GST): **$300**/person or **$250**/person if paid by 4 September 2009

15% discount for 3 or more attendees from the one organisation.

There are three ways in which to make payment (please tick the appropriate box)

Mail ☐ **OR** **Direct Bank Deposit** ☐

Send form and cheque to:
Pest Symposium,
PO Box 4183
GUMDALE QLD 4154
(make cheque payable to Pest Symposium)

Account name: **Pest Symposium**
BSB: **114-879** Acc No.: **68597544**
Be sure your name is included in the description.

fax to **07 3890 4259** or mail to Pest Symposium address

OR ☐

Credit card

My payment of $ …… .is to be paid by Visa, Mastercard, Bankcard (please circle)

Name on card ……

Card Number ……Expiry Date……

Signature ……

Please forward one form per person.

Cancellations must be notified by 15 September 2009 and will incur a fee of 20%.
No refunds possible after this date.