

**IMPORTANT REGISTRATION INFORMATION**

- Online Registration is preferred. Please visit our secure website **www.melanoma2010.com** to register and book your accommodation in 'real time'.
- Complete one form per person
- Faxed registration forms will only be processed if credit card details are included on the form.
- By completing this form you accept all terms and conditions as outlined on the Congress website.
- Registration forms sent by post must be accompanied with full payment in order for your registration to be processed/confirmed.
- If you are paying by cheque please complete the form and mail immediately with cheque payable to **Melanoma 2010**. Cheques will not be accepted after 20 September 2010. After this date, all registrations and accommodation bookings must be submitted online with credit card details at **www.melanoma2010.com** or

by sending an email to **melanoma2010@arinex.com.au** or by calling +61 2 9265 0700.

- Cancellations must be notified in writing by sending an email to the Congress Managers: melanoma2010@arinex.com.au. Please refer to the Congress website for the full cancellation policy and terms and conditions.
- Please print clearly or type and keep a photocopy of this form for your records or register online at **www.melanoma2010.com**. The information submitted will be reproduced in the Delegate List at the Congress and be used for all mailings. Please ensure the information you complete is correct.

**Forward this form and payment by post to:**

Melanoma 2010 Congress Managers  
GPO Box 128  
SYDNEY NSW 2001  
AUSTRALIA

**A. DELEGATE & ACCOMPANYING PERSON/S**

Title  Mr  Mrs  Ms  Miss  Dr  Prof  A/Prof

Other (Please specify) \_\_\_\_\_

Family name \_\_\_\_\_

Given name \_\_\_\_\_

Organisation \_\_\_\_\_

Position \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile phone \_\_\_\_\_

Fax \_\_\_\_\_

Email (2 addresses preferred) \_\_\_\_\_

Preferred name on name badge \_\_\_\_\_

Accompanying Person/s  Mr  Mrs  Ms  Miss  Dr  Prof  A/Prof

Other (Please specify) \_\_\_\_\_

Family name \_\_\_\_\_

Given name \_\_\_\_\_

**B. REGISTRATION FEES**

NOTE: All fees included the 10% Goods and Services Tax (GST) and prices are quoted in Australian Dollars.

	Early Bird	Standard	Onsite
Category	Until 01 September 2010	From 02 September 2010	From 01 November 2010
Joint SMR, Interdisciplinary Melanoma/Skin Cancer Centres & International Pathology Working Group meetings	\$975 <input type="checkbox"/>	\$1,095 <input type="checkbox"/>	\$1,195 <input type="checkbox"/>
Student Joint SMR, Interdisciplinary Melanoma/Skin Cancer Centres & International Pathology Working Group meetings	\$675 <input type="checkbox"/>	\$775 <input type="checkbox"/>	\$875 <input type="checkbox"/>
SMR Member	\$575 <input type="checkbox"/>	\$675 <input type="checkbox"/>	\$775 <input type="checkbox"/>
SMR Non member	\$675 <input type="checkbox"/>	\$775 <input type="checkbox"/>	\$875 <input type="checkbox"/>
Student SMR Member	\$425 <input type="checkbox"/>	\$475 <input type="checkbox"/>	\$545 <input type="checkbox"/>
Student Non-SMR Member	\$445 <input type="checkbox"/>	\$545 <input type="checkbox"/>	\$645 <input type="checkbox"/>
Interdisciplinary Melanoma / Skin Cancer Centres	\$675 <input type="checkbox"/>	\$775 <input type="checkbox"/>	\$875 <input type="checkbox"/>
Student Interdisciplinary Melanoma / Skin Cancer Centres	\$445 <input type="checkbox"/>	\$545 <input type="checkbox"/>	\$645 <input type="checkbox"/>
International Melanoma Pathology Working Group (Sunday only)	\$395 <input type="checkbox"/>	\$475 <input type="checkbox"/>	\$575 <input type="checkbox"/>
Day Registration	\$395 <input type="checkbox"/>	\$475 <input type="checkbox"/>	\$575 <input type="checkbox"/>
Accompanying Persons	\$195 <input type="checkbox"/>	\$195 <input type="checkbox"/>	\$195 <input type="checkbox"/>

If you are registering for a day, please tick which day you will be attending:

Thursday 4th  Friday 5th  Saturday 6th  Sunday 7th

**Please note:** Confirmation of your registration will be sent to you within 10 working days from receipt of your registration form.

If student registration:

I have included copy of my student identification card

**B. SUB-TOTAL REGISTRATION FEE: A\$**

# Registration available online

2 [www.melanoma2010.com](http://www.melanoma2010.com)

## C. ACCOMMODATION

A minimum one night's deposit must be paid or credit card details must be given at time of booking to secure your reservation. Bookings made after 01 October 2010 must be secured with credit card details.

The deposit is non-refundable at 01 October 2010 and will be forfeited if you do not arrive on the date for which you have booked or you cancel your accommodation. Cancellations must be made in writing.

### Hotel and Deposit Requirements

Star Rating	Walking time to Congress Venue	Hotel	Room Type	Rate per room per night	Bed and Breakfast Rate per night	Number of nights required	Deposit
4.5	2 minutes walk	Oaks Goldsbrough Apartments	Two Bedroom Apartment	\$307.00	NA		
4.5	3 minutes walk	Novotel Sydney on Darling Harbour	Harbour View Room SGL	\$299.00	\$319.00		
			Harbour View Room DBL/TWN	\$299.00	\$339.00		
			Pymont View Room SGL	\$269.00	\$289.00		
			Pymont View Room DBL/TWN	\$269.00	\$309.00		
3.5	5 minutes walk	Hotel Ibis Darling Harbour	Harbour View Room SGL	\$209.00	\$224.00		
			Harbour View Room DBL/TWN	\$209.00	\$239.00		
			Pymont View Room SGL	\$179.00	\$194.00		
			Pymont View Room DBL/TWN	\$179.00	\$209.00		

Please indicate below whether you wish to pay for your entire stay:

Yes, I wish to pay for my entire stay now

No, I only wish to pay the one night's deposit now

### Hotel Room Requirements

Single  Twin  Double

### Apartment Room Requirements

2 Bedroom Apartment (1 double and 2 single beds)

If your first preference of hotel, as indicated above, is not available, the Congress Managers will secure your accommodation at another hotel. Please indicate your second preference:

Second preference \_\_\_\_\_

I do not require the Congress Managers to book accommodation for me. I have made my own arrangements. I will be staying:

(name of hotel) \_\_\_\_\_

With friends or family

### Important - Please complete this section

Arrival/Check in Date \_\_\_\_\_ ETA \_\_\_\_\_

Departure/Check out Date \_\_\_\_\_ ETD \_\_\_\_\_

I wish to guarantee early check-in by pre-booking and paying for the previous night on:     /     / \_\_\_\_\_

I will be sharing this room with \_\_\_\_\_

Special Requirements e.g. smoking/ non smoking room (subject to availability): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### C. SUB-TOTAL ACCOMMODATION FEE: A\$

## D. SOCIAL PROGRAM

NOTE: All fees include the 10% Goods and Services Tax (GST).

### Included Social Event

The following event is included in the Registration Fee for full delegates, students and accompanying persons. Day registrants are required to purchase a ticket if they would like to attend. If you would like to purchase additional tickets for this event please complete this section:

#### Welcome Reception

Date: Thursday 4 November 2010

Time: 1930 - 2100

Location: Parkside Foyer, Level 1, Sydney Convention & Exhibition Centre

Dress: Smart Casual

Additional Tickets: A\$85.00

An invitation is extended to all full registered delegates, students and accompanying persons to attend the Welcome Reception to be held within the Congress Exhibition. Renew old friendships and make new acquaintances as we welcome you to Sydney.

EVENT	COST	NO. OF TICKETS REQUIRED	TOTAL COST
WelcomeReception	A\$85.00		

### Optional Social Event

The following event is optional and not included in the Registration Fee for full delegates, students, day registrants and accompanying persons. If you would like to purchase a ticket for this event please complete this section

#### Congress Dinner

Date: Friday 5 November 2010

Time: 1930 - 2230

Location: Harbours Edge

Dress: Cocktail Style / Lounge Suit

Tickets: A\$140.00

The Congress Dinner will be held at Harbours Edge. This stunning venue is situated in the vibrant Darling Harbour precinct and boasts sweeping city and harbour views. Guests will enjoy an evening of fine dining, entertainment and spectacular views of Cockle Bay.

EVENT	COST	NO. OF TICKETS REQUIRED	TOTAL COST
Congress Dinner	A\$140.00		

### Optional Social Evening

The following events are optional and not included in the Registration Fee for delegates and accompanying persons. If you require tickets for these events please complete this section

#### Captain Cook Starlight Dinner Cruise

Date: Saturday 6 November 2010  
Time: 1930 – 2200  
Location: 1 King Street Wharf  
Tickets: A\$128.00

No visit to this vibrant city is complete without a dinner cruise on Sydney Harbour. This evening promises stunning views of the harbour aboard one of Sydney's finest vessels. Enjoy a spectacular night of contemporary Australian cuisine against the glittering backdrop of Sydney by night.

Includes Contemporary 3 course a la carte dining, Open bar of house beer, bottled still & sparkling wine and soft drinks, Main Harbour sights and Star Gazing. Guests to make their own way to the departure point.

#### Sydney Opera House Performance - The Pirates of Penzance

Date: Saturday 6 November 2010  
Time: 1930 – 2140  
(2hrs and 10 minutes including one twenty minute interval)  
Location: Sydney Opera House  
Tickets: A Reserve Seat A\$142.00  
B Reserve Seat A\$121.00

The inimitable Anthony Warlow dons his cutlass for another voyage as Gilbert & Sullivan's foot-stomping, wise-cracking, feel-good show sails back into town, complete with its crazy cartoons, swashbuckling heroes and dainty heroines, performed by the stars of Opera Australia.

Gilbert and Sullivan's fifth collaboration has long been high on the list of all-time favourites, but no one could have predicted the runaway success of this production, directed by Stuart Maunder and designed by Roger Kirk.

Performed in English with subtitles. Running time is two hours and ten minutes including one twenty minute interval. Guests to make their own way to the Sydney Opera House.

EVENT	COST	NO. OF TICKETS REQUIRED	TOTAL COST
Captain Cook Starlight Dinner Cruise	A\$128.00		
Sydney Opera House The Pirates of Penzance A Reserve Seat	A\$142.00		
Sydney Opera House The Pirates of Penzance B Reserve Seat	A\$121.00		

### D. SUB-TOTAL ADDITIONAL / OPTIONAL SOCIAL TICKETS: A\$

Disclaimer: The services specified in the social program are available at the time of writing. Tickets are limited and subject to availability at the time of booking. However, in the event that any service(s) become unavailable or minimum numbers are not met. arinex Corporate and Special Events & Destination Management reserves the right to alter or cancel the event.

### E. SPECIAL NEEDS / DIETARY REQUIREMENTS

If you have any special needs please specify. Every attempt will be made to meet your requirements; however this may not be possible in every case.

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### F. MARKETING INFORMATION

#### Where did you hear about the Congress?

- |   |   |
|---|---|
| <input type="checkbox"/> Industry Colleagues  | <input type="checkbox"/> Melanoma Institute of Australia  |
| <input type="checkbox"/> Previously attended Interdisciplinary Melanoma Skin Cancer Centres Meeting | <input type="checkbox"/> Previously attended International Melanoma Pathology Working Group Meeting |
| <input type="checkbox"/> Congress electronic mail   | <input type="checkbox"/> Internet search  |
| <input type="checkbox"/> Advertisement in Pigment Cell & Melanoma Research (PCMR)                   | <input type="checkbox"/> Sponsor/exhibitor  |

Other (Please state)

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#### What is your main reason for attending Melanoma 2010?

- |   |  |
|---|--|
| <input type="checkbox"/> Scientific Program   | <input type="checkbox"/> Networking          |
| <input type="checkbox"/> Social events  | <input type="checkbox"/> Destination/Holiday |
| <input type="checkbox"/> Trade Exhibition: meet new suppliers/investigate new products/services |  |

Other (Please state)

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#### How would you describe your position in your company?

- |   |   |
|---|---|
| <input type="checkbox"/> Clinician                                | <input type="checkbox"/> Clinician Researcher |
| <input type="checkbox"/> Research Group Leader                    | <input type="checkbox"/> Post – Doc           |
| <input type="checkbox"/> Allied Health Professional               | <input type="checkbox"/> Nurse                |
| <input type="checkbox"/> Research Assistant / Technical Scientist |   |
| <input type="checkbox"/> Other (Please state)                     |   |
- 

### G. PRIVACY

#### Delegate List Consent

Details as given in this form (and any subsequent amendment) will be included in the Delegate List produced for the Congress which will be supplied to organising bodies and all participants attending the Congress.

Please indicate below if you **do not** consent to Delegate List.

- No – I do not consent

#### Material Distribution

YES - I consent to my name and address being passed on to another organisation involved in organising a similar event or distributing material related to the subject matter of the Congress.

Please indicate below if you **do not** consent to Material Distribution.

- No – I do not consent

# Registration available online

4 [www.melanoma2010.com](http://www.melanoma2010.com)

## H. PAYMENT AND CONDITIONS

Section B	Registration Fee	A\$
Section C	Accommodation	A\$
Section D	Social Program	A\$

**NOTE: Registrations will not be processed or confirmed until payment in full is received.**

**TOTAL FEES ENCLOSED: A\$**

I have read and agree to all the terms and conditions as outlined on the Congress website and in this document

Please find enclosed cheque/money order payable to **Melanoma 2010**

Or

Please charge the total amount above to the following credit card

MasterCard  Visa Card  Diners  American Express

Please note all transactions by credit card will appear on your statement as payment to: Congress by arinex P/L.

Payment will not be accepted by EFT (electronic funds transfer).

Credit card number

Expiry Date:            /            /

Name on card: \_\_\_\_\_

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

Signature \_\_\_\_\_

Date                    /            /

NOTE: Your registration will not be processed or confirmed if payment is not forwarded with this form.

