



Experimental Psychology Conference 2005
University of Melbourne
Registration Form



Family Name _____ First Name _____ Title _____

Student No. (University of Melbourne students ONLY) _____

Institution _____

Full Postal Address _____

Email Address _____

Telephone No. _____

Fax No. _____

Are you submitting an abstract? (please circle) Yes / No

Conference Fee

\$170 (Regular) \$ _____

\$85 (Student) \$ _____

Conference Dinner

\$60 / person Number attending: _____ \$ _____

Total \$ _____

Do you require a tax invoice before payment? (please circle) Yes / No

Payment details (please circle)

Visa
 Bankcard
 Mastercard
 Cheque (pay to "University of Melbourne")

Card No. _____

Card Expiry Date _____ Signature of Card Holder _____

Card Holder Name _____

Special Requirements (please circle)

Vegetarian

Other dietary _____

Other special needs (please specify) _____

**Please mail completed form with payment to: EPC 2005, Department of Psychology,
 University of Melbourne, VIC 3010, Australia; or fax to (+61 3) 9347 6618.**