

ICAP 2010

22nd International Conference on Atomic Physics

25 - 30 July 2010

Cairns Convention Centre, Cairns, Australia

ABN: 28 792 474 046

Registration and Accommodation Booking Form

Please complete form and fax to: +61 7 3395 3548 or mail to: ICAP 2010, PO Box 3090, Norman Park Qld 4170 Australia
For any registration or accommodation enquiries, please email icap2010@xeniaconsulting.com.au or tel: +61 (0) 417 003329

All prices are in Australian dollars and include GST.

DELEGATE INFORMATION - Please Print Clearly

TITLE:	FIRST NAME:	SURNAME:
ORGANISATION:		
POSTAL ADDRESS:		
STATE:	POSTCODE:	COUNTRY:
TELEPHONE (inc area codes): (+)	FAX: (+)	
MOBILE: (+)	EMAIL (please print):	
PREFERRED NAME FOR BADGE:		
SPECIAL DIET OR DISABILITY ASSISTANCE:		

A: DELEGATE REGISTRATION - Please tick registration type applicable

ICAP 2010

	EARLYBIRD - up to 7 Apr 2010	REGULAR - up to 28/06/10	LATE - after 28/06/10
Full Delegate Registration	<input type="checkbox"/> \$750	<input type="checkbox"/> \$850	<input type="checkbox"/> \$950
Student Delegate Registration	<input type="checkbox"/> \$400	<input type="checkbox"/> \$500	<input type="checkbox"/> \$600
Invited speaker	<input type="checkbox"/>		

Variation of fundamental constants and violation of fundamental symmetries P, T(EDM), CPT, Lorentz invariance

(Pre Conference Workshop - 24 - 25 July, 2010 - Cairns Hilton Hotel) \$175

TOTAL A: \$ _____

B: SOCIAL FUNCTIONS

Welcome Reception Sunday 25 July (included in registration). For catering purposes please advise if you will attend this event (Y/N):

Conference Dinner Thursday 29 July. Please tick if you wish to purchase ticket:

Conference Delegate Ticket - \$40.00 (cost subsidised by the Conference) \$40

Accompanying Persons Program (not for delegates) (also includes Welcome Reception and Conference Dinner) \$140

Child's ticket for accompanying persons program (not including Conference dinner, for which tickets can be bought at the Conference) \$50

TOTAL B: \$ _____

C: ACCOMMODATION

I will arrange my own accommodation

Limited accommodation has been reserved at several venues. Refer to Accommodation page on ICAP website for details. Indicate three preferences.

Sharing: if you wish to share a room with another delegate, please indicate their name here: _____

(If sharing, only one delegate should book accommodation)

Hilton Cairns

Hotel Room- \$205.00 per room per night

(Circle room type)

Single / Twin / Queen

Preference (indicate 1, 2, 3)

Sebel Cairns (Mirvac)

Hotel Room - \$199.00 per room per night (Circle room type)

Single / Twin / Queen

Preference (indicate 1, 2, 3)

Gilligan's Backpackers Resort and Hotel Cairns

6 Bed deluxe dorm room - \$32.00 per person per night

Mantra Esplanade FULL PAYMENT REQUIRED WHEN BOOKING**

Hotel Room - \$170.00 per room per night (Circle room type)

Single / Twin / Queen

One Bedroom Apartment - \$212.00 per room per night

Two Bedroom Apartment - \$275.00 per room per night

Park Regis City Quays

Hotel Room - Queen Bed Only - \$155.00 per room per night

One Bedroom Apartment - \$188.00 per room per night (Circle room type)

Two Bedroom Apartment - \$263.00 per room per night

Single / King

King & Queen

Queen & 2 Singles

Roll away - One Bedroom Apartment only - \$35 per night

Park Regis Piermonde

Two Bedroom Apartment - \$292.00 per room per night

Three Bedroom Apartment - \$331.00 per room per night

King & Queen

Queen & 2 Singles

Queen & 4 Singles

All Queen

Roll away - Three Bedroom Apartment - \$35 per room per night

ARRIVAL DATE: / / 2010

Estimated time of arrival: _____

DEPARTURE DATE: / / 2010

(Don't forget reef trip on Saturday 31/7)

Special Request: Smoking / Non smoking _____

One night's accommodation required as deposit (except for the Mantra Esplanade, where full payment is required)

TOTAL C: _____

D: PAYMENT SUMMARY (All prices are in Australian Dollars and include GST)

A: Delegate Registration Fee \$ _____

B: Social Functions \$ _____

C: Accommodation (One night's accommodation must be paid as a deposit when registering)* \$ _____

TOTAL PAYABLE \$ _____

PLEASE CHARGE MY CREDIT CARD FOR TOTAL PAYABLE (SECTION D)

Card Type - Tick

MasterCard

Visa

Amex

Diners

Card Number: _____ / _____ / _____ / _____

Card Holder Name: _____

Expiry Date: _____ / _____ CSV: _____ (Verification No.)

Signature: _____ Date: _____

or: I have enclosed a cheque made payable to "ICAP 2010" for the total payable in section "D" in AUSTRALIAN DOLLARS

or: I have paid by Paypal from the website

ICAP 2010 Conference
PO Box 3090
Norman Park Qld 4170,

Mail, fax
or scan and email
registration form

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