



Sydney, Australia
8, 9 & 10 December 2005

REGISTRATION FORM & TAX INVOICE

Endovascular Symposium Pty Limited ABN 25 101 527 691

Prof/Dr/Mr/Ms/Mrs/Miss (please circle) First Name Surname

Address

State Area Code Country

Phone & Fax Work () Home () Fax () Email

Specialty Name Badge to read

Vascular Surgeon/Physician/Radiologist/Cardiologist/Engineer/Trainee/Registrar/Resident/Nurse/Technologist/Radiographer/Student/Other? (Please circle or specify)

REGISTRATION	Reduced Rate Before 28 October	After 28 October	A\$ Enclosed
All fees below include 10% GST			
Medical Practitioner Full Registration	A\$795.00	\$A960.00	A\$
Medical Practitioner 1 Day Registration (Day _____)	A\$595.00	A\$760.00	A\$
Concessional Full Registration Nurses/Sonographers/Students/Radiographers	A\$550.00	A\$715.00	A\$
Concessional 1 Day Registration (Day _____)	A\$450.00	A\$615.00	A\$
ACCOMMODATION (Deposit of 1 nights fee payable at the time of reservation)			
Four Seasons Hotel (Headquarters Hotel) - \$320 per single/twin/double room per night			A\$
Park Hyatt Hotel - \$495 per single/twin/double room per night			A\$
Sofitel Wentworth Hotel - \$270 per single/twin/double room per night			A\$
Arrival _____ Departure _____ Single/twin/double (please circle)			A\$
Special Requests			
SOCIAL ACTIVITIES			
Additional IES 2005 Cocktail Reception (Thursday) - please state number required (\$55 ea) No. _____ Additional			A\$
Additional IES 2005 Meet the Faculty Reception (Friday) - please state number required (\$40 ea) No. _____ Additional			A\$
TOTAL ENCLOSED			A\$

Cheques should be made payable to Abacus Management Endovascular Symposium or complete credit card payment section below for Mastercard, Visa or American Express.

Expiry Date _____
 Cardholders name Signed Date

Please return to Margaret Blackwell, IES 2005
 Box 77 PO Pymble • NSW 2073 • Australia
 Phone +61 2 9983 9330 • Fax +61 2 9983 9307
 Email abacus@abacusconf.com • Website www.ies-sydney.com