

## Registration Form

Please print/type clearly and keep a photocopy of this form for your records.  
 The information below will be reproduced in the delegate list at the Congress and be used for all mailings. Please ensure the information you provide is correct.  
 Please complete the form and mail immediately with your cheque payable to:  
 Ninth International Congress for Culture Collections or ICC-9.  
 Forward this form and payment by airmail to:

The ICC-9 Congress Secretariat  
 PO Box 717 INDOOROOPILLY QLD 4068 AUSTRALIA



### A. DELEGATE & ACCOMPANYING PERSON/S

**DELEGATE**     Mr    Mrs    Ms    Dr    Prof   (please tick)

**FAMILY NAME**

---

**GIVEN NAME**

---

**ORGANISATION**

---

**POSITION**

---

**STREET ADDRESS**

---

**CITY**

---

**STATE**

**COUNTRY**

---

**POSTCODE**

**TELEPHONE**

---

**FAX**

**EMAIL**

---

**NAME ON**

---

**NAME BADGE**

**ACCOMPANYING PERSON/S**     Mr    Mrs    Ms    Dr    Prof   (please tick)

**FAMILY NAME**

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**GIVEN NAME**

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**B. REGISTRATION FEE (per delegate) Inclusive of GST Closing 23<sup>rd</sup> June 2000**

Category	Before 31 March 2000	After 31 March 2000
Full Delegate	<input type="checkbox"/> A\$825.00	<input type="checkbox"/> A\$995.00
Student Registration	<input type="checkbox"/> A\$400.00	<input type="checkbox"/> A\$500.00
Day Registration	<input type="checkbox"/> A\$250.00	<input type="checkbox"/> A\$350.00
Accompanying Person	<input type="checkbox"/> A\$200.00	<input type="checkbox"/> A\$250.00
Extra Ticket Welcome Reception	<input type="checkbox"/> A\$45.00	<input type="checkbox"/> A\$ 45.00
Extra Ticket Congress Dinner	<input type="checkbox"/> A\$110.00	<input type="checkbox"/> A\$ 110.00
Extra Ticket Aussie BBQ	<input type="checkbox"/> A\$45.00	<input type="checkbox"/> A\$45.00

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

Monday  Tuesday  Wednesday  Thursday  Friday

SUB-TOTAL REGISTRATION FEE:

A\$

**C. TRAINING COURSE FEES (per delegate) Inclusive of GST**

Training Course	WFCCMembers /Sponsors	Non-profit Organisations	Commercial Organisations
Cryopreservation and storage of Cultures	<input type="checkbox"/> A\$150	<input type="checkbox"/> A\$250	<input type="checkbox"/> A\$500
IATA Regulations for Packaging and Transport of cultures	<input type="checkbox"/> A\$100	<input type="checkbox"/> A\$150	<input type="checkbox"/> A\$250
Management and Operation of Culture Collections	<input type="checkbox"/> A\$150	<input type="checkbox"/> A\$250	<input type="checkbox"/> A\$500

SUB-TOTAL REGISTRATION FEE:

A\$

**D. ACCOMMODATION**

A minimum of one night's deposit for hotels must be paid to secure your booking. All prices are inclusive of GST. Please note rates may vary without notice due to changes in government taxes.

<p>4 Star Rydges South Bank On site Hotel</p> <p><input type="checkbox"/> Standard Queen A\$132 x _____ = A\$ _____</p> <p><input type="checkbox"/> Superior Twin A\$154 x _____ = A\$ _____</p> <p><input type="checkbox"/> Junior Suite A\$198 x _____ = A\$ _____</p> <p><input type="checkbox"/> King Suite A\$220 x _____ = A\$ _____</p> <p>Total Accommodation A\$ _____</p>	<p>5 Star Hilton Brisbane 10-15min walk</p> <p><input type="checkbox"/> Single A\$150 x _____ = A\$ _____</p> <p><input type="checkbox"/> Double A\$150 x _____ = A\$ _____</p> <p>Total Accommodation A\$ _____</p>
<p>3 Star IBIS Brisbane 10 minute walk</p> <p><input type="checkbox"/> Single A \$88 x _____ = A\$ _____</p> <p><input type="checkbox"/> Double A \$88 x _____ = A\$ _____</p> <p>Total Accommodation A\$ _____</p>	<p>Westend Central Apartments</p> <p><input type="checkbox"/> One bedroom Apartments A\$125 x _____ = A\$ _____</p> <p><input type="checkbox"/> Two Bedroom Apartments A\$145 x _____ = A\$ _____</p> <p><input type="checkbox"/> Three Bedroom Apartments A\$185 x _____ = A\$ _____</p> <p>Total Accommodation A\$ _____</p>

**Sub-Total Accommodation:**

A\$
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**Important – Please complete this section**

I wish to share a room with \_\_\_\_\_

I request a     Smoking     Non Smoking Room

My Hotel preferences:    1. \_\_\_\_\_    2. \_\_\_\_\_

(as room numbers are limited in each hotel, we will endeavor in each case to satisfy your requirements)

Arrival Date \_\_\_/\_\_\_/00    Arrival Time \_\_\_\_\_    Departure Date \_\_\_/\_\_\_/00    Departure Time \_\_\_\_\_

**Special Needs**

If you have any special dietary needs please specify \_\_\_\_\_

Other special needs \_\_\_\_\_

I require a letter of invitation in order to arrange the appropriate visa to enter Australia, or to apply for leave or funds to attend the Congress.     Please send me a letter of Invitation

**E: Payment**

Section B	Registration Fee	A \$	<b>TOTAL FEES ENCLOSED:</b> <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;">A\$</table>
Section C	Training Course Fees	A \$	
Section D	Accommodation	A \$	

- I have read and agree to all the conditions outlined in this registration brochure and form
- Please find enclosed cheque in Australian Dollars drawn on an Australian Bank payable to ICC-9 Congress Secretariat
- Please charge the total amount to the following credit card

Credit Card Number    \_\_\_\_    \_\_\_\_    \_\_\_\_    \_\_\_\_

Expiry Date:    \_\_\_/\_\_\_/

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

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**LATE CHANGES MAY INCUR A HANDLING FEE**

\_\_\_\_\_

## Abstract Submission Form

### Ninth International Congress for Culture Collections

Please complete the form and send with a photocopy of your Abstract to:

**Dr Lindsay Sly**  
 ICCC-9 Organizing Committee  
 Australian Collection of Microorganisms  
 Department of Microbiology and Parasitology  
 University of Queensland  
 Brisbane, AUSTRALIA 4072

**Fax: + 61 7 3365 1566**  
 Email: sly@biosci.uq.edu.au



*Brisbane*  
**2000**

#### PLEASE NOTE

FINAL DATE FOR ABSTRACT SUBMISSION IS 31 MARCH, 2000  
 ONLY PAPERS SUBMITTED BY REGISTERED DELEGATES WILL BE CONSIDERED

#### A. REGISTRANT PRESENTING THE PAPER

DELEGATE Mr Mrs Ms Dr Prof (please tick)

FAMILY NAME \_\_\_\_\_

GIVEN NAME \_\_\_\_\_

ORGANISATION \_\_\_\_\_

POSITION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

#### B. PAPER DETAILS

Preferred presentation

ORAL PRESENTATION     POSTER PRESENTATION     INVITED PAPER

Contributed Paper Category

Please indicate two preferences for the listed topic categories most suitable for this paper. Your preferences will be seriously considered, but the ICCC-9 Scientific Programme Committee will make the final decision on the session for the paper.

FIRST PREFERENCE: \_\_\_\_\_

SECOND PREFERENCE: \_\_\_\_\_

INVITED SPEAKER: \_\_\_\_\_

SYMPOSIUM TOPIC: \_\_\_\_\_

\_\_\_\_\_

### Instructions for Abstract Preparation

- The deadline for abstracts is 31 March, 2000
- Electronic submission of abstracts via the ICCC-9 Web Site (<http://WDCM.nig.ac.jp/wfcc/ICCC9.html>) is preferred. Alternatively, abstracts may be submitted as an rtf (Rich Text Format) file on computer disk, or as an attached email file.
- Abstracts should be typed in 10 point type with single line spacing and arranged as follows:
  - Title
  - Author names (Family name last) with presenter name underlined
  - Author affiliations
  - Abstract text (maximum 300 words)
- Abstracts must be written in the English language
- Abstracts will be refereed by the Scientific Programme Committee and published in the ICCC-9 Proceedings.
- The presenting author must be a registered participant of the Congress

### C. AUDIOVISUAL REQUIREMENTS

Please indicate if you will require computer projection facilities for MS Power Point presentations:

YES       NO

Due to the costs involved availability will depend on demand

- **Please submit abstracts via the Web Site, or send to:**

**Dr Lindsay Sly  
 ICCC-9 Organizing Committee  
 Australian Collection of Microorganisms  
 Department of Microbiology and Parasitology**

**University of Queensland  
 Brisbane, AUSTRALIA 4072  
 Fax: + 61 7 3365 1566  
 Email: [sly@biosci.uq.edu.au](mailto:sly@biosci.uq.edu.au)**

## Tour Application Form

Please print/type clearly and keep a photocopy of this form for your records.

Please complete the form and send with your payment to:

Australian Day Tours  
Transit Centre, Level 3  
**Roma Street**  
**Brisbane Qld**  
Australia **4000**

Tel: + 61 7 3236 4155  
Fax: +61 7 3236 1017  
Email: [daytours@powerup.com.au](mailto:daytours@powerup.com.au)



### A. DELEGATE & ACCOMPANYING PERSON/S DETAILS

DELEGATE    Mr   Mrs   Ms   Dr   Prof   (please tick)

FAMILY NAME \_\_\_\_\_

GIVEN NAME \_\_\_\_\_

ORGANISATION \_\_\_\_\_

POSITION \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

COUNTRY \_\_\_\_\_

POSTCODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

ACCOMPANYING PERSON/S    Mr   Mrs   Ms   Dr   Prof   (please tick)

FAMILY NAME \_\_\_\_\_

GIVEN NAME \_\_\_\_\_

*Brisbane*  
**2000**

ACCOMPANYING PERSON/S      Mr   Mrs   Ms   Dr   Prof   (please tick)

FAMILY NAME \_\_\_\_\_

GIVEN NAME \_\_\_\_\_

- A. I HAVE COMPLETED MY DAY TOUR BOOKING DETAILS
- B. I REQUIRE MORE INFORMATION ON DAY TOURS
- C. I REQUIRE MORE INFORMATION ON LONGER TOURS

E. DAY TOUR BOOKINGS Inclusive of GST

Day Tour	Tour Code	Date Required	Cost per Adult/Child	Number of Adults /Children	Total cost per Tour
Sunshine Hinterland Tour	B/G10		A\$79/41		A\$
Sunshine Coast Tour	B/G11		A\$79/42		A\$
O'Reilly's & Mt Tamborine Tour	B/G33		A\$53/31		A\$
City Sights and River Cruise (Full Day)	B/G64		A\$74/38		A\$
City Sights and River Cruise (Morning)	B62		A\$54/30		A\$
City Sights Tour (Afternoon)	B63		A\$46/27		A\$
Night Tour	B/G68		A\$58/30		A\$
Fraser Island in a Day Tour	B/G51		A\$133/79		A\$
Whale Watching Tour	BT71		A\$137.50/79		A\$
Gold Coast Tour	GC1		A\$44/25		A\$

TOTAL DAY TOUR COST:

A\$

F. PAYMENT

I enclose payment as follows:

TOTAL FEES ENCLOSED:

A\$

- Please find enclosed cheque in Australian Dollars drawn on an Australian Bank payable to Australian Day Tours

- Please charge the total amount to the following credit card

American Express       Bankcard

MasterCard       Visa Card

Credit Card Number \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_/

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

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/

