

Registration Form

Registration Form / Tax Invoice – ABN 52 853 557 085

Please register me to attend the 2018 Biennial Conference in Philosophy, Religion and Culture on

28th to 30th September. My registration fee is enclosed (this includes lunches and morning/afternoon teas)

Name:

Affiliation:

Address:

Email: Phone:

Conference Registration \$135 \$.

Full-time Student concession rate: \$75 \$.

Conference Dinner: (\$50 per head) \$50 \$.

TOTAL PAYABLE (GST included): \$.

Cheque payable to Catholic Institute of Sydney **or**

Charge my Bankcard/MasterCard/Visa:

Card No _ _ _ _ _

Name on card : Signature: Expiry Date:/.....

I expect to attend the Keynote lecture on Friday night Yes/No

I have the following special needs (eg dietary):

.....

.....

Post Back: Biennial Conference, Catholic Institute of Sydney, 99 Albert Rd, Strathfield NSW 2135

Fax Back: (02) 9746 6022

Scan & Email Back: mdelnevo@cis.catholic.edu.au