



# Transforming Aesthetics CONFERENCE REGISTRATION FORM

Art Association of Australia & New Zealand (NSW Chapter)  
7-9th July 2005  
Art Gallery of New South Wales

## PERSONAL DETAILS

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Ms / Mrs / Mr / Dr / Prof

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

## REGISTRATION

	COST	SUB-TOTAL
<input type="checkbox"/> Full Registration	A\$250	\$ _____
<input type="checkbox"/> AAANZ Members*	A\$200	\$ _____
<input type="checkbox"/> Earlybird Registration by 30 June	A\$220	\$ _____
<input type="checkbox"/> Student Registration**	A\$120	\$ _____
<input type="checkbox"/> One day (please tick) <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	A\$120	\$ _____
<input type="checkbox"/> Keynote address only (Thursday evening)	A\$25	\$ _____

**Full or day registration includes:** Day sessions, keynote address, lunch and refreshments.

\*AAANZ membership number: \_\_\_\_\_

\*\*STUDENTS: Students must attach a photocopy of their student card

**TOTAL PAYMENT:** All prices include Goods & Services tax (GST). Tax invoice issued upon payment. **AUD\$** \_\_\_\_\_

## PAYMENT - (please tick)

Please ensure the registration form accompanies your payment.

CHEQUE ATTACHED  (Cheques made payable to "Art Gallery Society of NSW")

CREDIT CARD: (please tick) MASTERCARD  VISA  BANKCARD  AMEX

CREDIT CARD NUMBER: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXPIRY DATE: \_\_\_\_ / \_\_\_\_

CREDIT CARD HOLDER'S NAME (please print): \_\_\_\_\_

CREDIT CARD HOLDER'S SIGNATURE: \_\_\_\_\_

Please send registration form with payment (credit card details / cheque in Australian Dollars made out to "Art Gallery Society of NSW") to: **The Art Gallery Society of NSW: Art Gallery of NSW, Art Gallery Road, The Domain, Sydney NSW 2000, Australia.**  
T: 9225 1631 F: 9221 6234 **Conference website: [www.artgallery.nsw.gov.au/aaanz](http://www.artgallery.nsw.gov.au/aaanz)**