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Registration form

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| **Name:**  Prof Dr Mr Ms Mrs Miss ......................................(First name) ............................................ (Surname) | |
| **Postal details:**  Mailing address:.......................................................................................................................................  Suburb:................................................................State: ........................Post code:................................ | |
| **Email:** | |
| **Phone contact #1:** | **Phone contact #2:** |
| **Attendance: Yes I can attend**  The whole conference  Day 1 only: At Parliament House  Day 2 (morning) only: At Old Parliament House | |
| **Special requirements:**  If you have any special requirements that would facilitate your attendance please contact us on  6277 3078 | |
| **Please print and post to:**  Senate Committee Conference  Research Section, Procedure Office  Department of the Senate  Parliament House  PO Box 6100  CANBERRA ACT 2600  **Or save and return electronically to:** [research.sen@aph.gov.au](mailto:research.sen@aph.gov.au) **by** **Friday 29 October 2010.** | |