



**ACRA 2005 UNSW
December 5-7 (Mon - Wed)
Registration Form**

Contact Details

Name: _____

Organisation: _____

Address: _____

Tel: _____ **Fax:** _____

Mobile: _____ **Email:** _____

Registration Fees

Status	Cost
Student	
Academic	

Diet

Please advise if you have any special dietary requirements: _____

Payment may be credit card, cheque or money order. Please indicate ✓

Name on credit card _____

Card Number: _____ Expiry Date _____

I enclose a cheque for AU\$ _____

I enclose a money order for AU\$ _____

Make cheque or money order payable to: **The University of New South Wales**

Fax or send the completed form and cheque to:

**ACRA 2005, School of Computer Science and Engineering
University of New South Wales, Sydney 2052**

Fax: +61-2-9385-4071

Enquiries: +61-2-9385-6920