



Please complete and send this form to IGNSS Society, PO Box 1237, Milton QLD 4064, AUSTRALIA or fax to +61 7 3371 0555. To qualify for early bird rates, full payment must be received by no later than the 31 May 2006.

Personal Details

Title _____ Surname _____ Given Name _____
 Organisation _____ Position _____
 Postal Address _____
 Suburb _____ State _____ Post Code _____ Country _____
 Phone () _____ Fax () _____
 Email _____ (confirmation will be sent to this email address)
 Preferred name on badge _____
 Dietary/Special Requirements _____

Please indicate by ticking the boxes below if you:

- do not wish to be included on the symposium delegate list. require a letter to apply for a Visa to enter Australia
- The delegate list will be given to all participants at IGNSS 2006.* require your confirmation letter to be posted to the address above instead of via email
- are a member of the IGNSS Society presenting author (indicate paper number): _____

CGSIC Meeting – Monday 17 July, 2006

Please indicate if you will be attending the CGSIC Meeting: R01 Complimentary

Pre-Symposium Workshops – Tuesday 18 July 2006

Workshops are not included in the symposium registration and are an additional cost.

Please indicate, which workshop/s you wish to attend:

- 09:00 – 12:00 **Workshop 1:** Design and Development of the European Satellite Navigation System Galileo
 Delegate (W1D) Non Delegate (W1N)
- 12:30 – 14:30 **Workshop 2:** Modelling and Real Time Simulation of GNSS Environmental Vulnerability Issues
 Delegate (W2D) Non Delegate (W2N)
- Workshop 3:** Alternatives to GNSS for Outdoor & Indoor Positioning
 Delegate (W3D) Non Delegate (W3N)
- 14:45 – 16:45 **Workshop 4:** GBAS/ GRAS for Global Use in Aviation
 Delegate (W4D) Non Delegate (W4N)
- Workshop 5:** Integration of GPS & INS - Principle, Implementation & Applications
 Delegate (W5D) Non Delegate (W5N)

Symposium Delegates:

2 hour workshops _____ @ \$195 per workshop **Total: \$ _____**
 3 hour workshop _____ @ \$295 per workshop **Total: \$ _____**

Non-Symposium Delegates:

2 hour workshops _____ @ \$295 per workshop **Total: \$ _____**
 3 hour workshop _____ @ \$395 per workshop **Total: \$ _____**
Workshop Total: \$ _____

Symposium Registration

Payment must be received by 5pm on 31 May 2006 to qualify for early bird rate.

(AIAA Members are entitled to register at the IGNSS Member rate).

	Early bird By 31 May 2006	Standard After 31 May 2006
Full Registration - # Member	R02 <input type="checkbox"/> \$695	R03 <input type="checkbox"/> \$795
Full Registration - Non Member	R04 <input type="checkbox"/> \$795	R05 <input type="checkbox"/> \$895
Full Registration – Student	R06 <input type="checkbox"/> \$445	R07 <input type="checkbox"/> \$495

(This student rate is only offered to full time students. A copy of your full time student/ concession card must accompany your registration)

Day Registration - Wednesday	R08 <input type="checkbox"/> \$345	R09 <input type="checkbox"/> \$445
Day Registration - Thursday	R10 <input type="checkbox"/> \$345	R11 <input type="checkbox"/> \$445
Day Registration - Friday	R12 <input type="checkbox"/> \$345	R13 <input type="checkbox"/> \$445

Registration Total: \$ _____

*Speakers who do not register by early bird will be excluded from the program. # Member of IGNSS Society

Surname: _____

Given Name: _____

Social Functions

Welcome Reception – Wednesday 19 July 2006 (Inclusive for fully registered delegates & Wednesday day delegates)

Please indicate if you will be attending Yes No

Extra Tickets _____ @ \$45.00 each

Guest Names _____

Trade Cocktail Function – Thursday 20 July 2006 (Inclusive for fully registered delegates & Thursday day delegates)

Please indicate if you will be attending Yes No

Extra Tickets _____ @ 45.00 each

Guest Names _____

Functions Total: \$ _____

Accommodation

Prices quoted are for a maximum of 2 people per room, per night.

Holiday Inn Surfers Paradise

- | | | |
|--------------------------|-------------------------------|----------|
| <input type="checkbox"/> | A01 Ocean View Room | \$140.00 |
| <input type="checkbox"/> | including one full breakfast | \$155.00 |
| <input type="checkbox"/> | including two full breakfasts | \$170.00 |
| <input type="checkbox"/> | additional person | \$45.00 |

Arrival Date ____/____/____ **Departure Date** ____/____/____ **No. of Days** _____Room type required – please indicate Single Twin Double

Sharing with: _____

Special requests: _____

Any changes to or cancellations of accommodation reservations made via this form must be notified to the IGNSS Society in writing and not directly to the accommodation venue.

Payment Summary

Pre-Symposium Workshops	\$ _____
Symposium Registration	\$ _____
Social Functions	\$ _____
IGNSS 2006 registration total	\$ _____
Accommodation total	\$ _____
Grand Total	\$ _____

 Cheque made payable to "IGNSS Society Inc" enclosed Credit card details below

Credit Card Authority – Registration Only

Debits to your credit card will appear on your statement as Sharnay Pty Ltd trading as Organisers Australia. By signing below, the cardholder authorises the registration total to be debited from the following credit card

 Bankcard **MasterCard** **Visa**

Card No. _____ Expiry Date _____ Verification No. _____

Cardholder Name _____ Signature _____

Credit Card Authority – Accommodation Only

The hotel will make debits to your credit card. By signing below, the cardholder authorises the hotel to debit the credit card for the following:

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 night security deposit | <input type="checkbox"/> All accommodation | <input type="checkbox"/> All accommodation & breakfast |
| <input type="checkbox"/> All accommodation, breakfast & incidentals | <input type="checkbox"/> Other | |

 Amex **Diners** **Bankcard** **MasterCard** **Visa**

Card No. _____ Expiry Date _____ Verification No. _____

Cardholder Name _____ Signature _____