



#### 4. CONFERENCE PRESENTATION :

Please indicate if you wish to be considered for:

- an oral presentation
- a poster presentation

Do you wish to be considered for either of the BioRad Young Investigator Awards:

- I wish to be considered for the BioRad Young Investigator Best Talk Award (\$300)
- I wish to be considered for the BioRad Young Investigator Poster Award (\$200)

Please submit an abstract by March 21<sup>st</sup> 2008 to [rachaelm@chw.edu.au](mailto:rachaelm@chw.edu.au) consisting of:

Abstract title – no more than 20 words

Author's name (please underline presenting author)

Author's affiliations

Abstract – no more than 250 words in Times New Roman. Please no figures or tables.

#### 6. AW&TRS YOUNG INVESTIGATORS TRAVEL AWARD:

- I wish to be considered for an AW&TRS Young Investigator Travel Award (\$500)

#### 7. PAYMENT: *full payment must accompany this form*

##### Payment required:

Registration fees \$ \_\_\_\_\_

Conference dinner fees \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

##### Payment method:

- Cheque payable to AWMA (AWTRS)
- Credit card

Card Type:  Mastercard  Visa

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Cardholders signature: \_\_\_\_\_

#### 6. SIGNATURE:

##### Cancellations:

All cancellations must be notified in writing to the address below. A \$25 administration fee will apply to all refunds. No refunds will be made after 10<sup>th</sup> April.

##### Signature:

I wish to register for the 1<sup>st</sup> AW&TRS Conference and accept registration terms:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### 7. RETURN THIS FORM WITH PAYMENT AND ABSTRACT (IF APPLICABLE) TO:

Either scan in the **signed** form with credit card details on it and e-mail with your abstract to [rachaelm@chw.edu.au](mailto:rachaelm@chw.edu.au)  
**OR** mail to Dr Rachael Murray, CHBRI Wound Healing Laboratory, The Children's Hospital at Westmead, Research Building, Locked Bag 4001, Westmead, Sydney, NSW 2145, Australia.