



AMAS X - The Tenth Biennial Symposium
The University of Adelaide, South Australia

11th – 13th February 2009
Workshops 9th – 10th February 2009
(AMAS is a special interest group of AMMS Inc. ABN 92 914 631 038)

Personal Particulars

Title: First Name: Last Name:
 Organization:
 Postal Address:
 City: Post Code: State:
 Country:
 Contact Telephone (1): Contact Telephone (2):
 Work Fax: Email:
 Are you happy to have your details made available to sponsors of the meeting? Yes No
 Special dietary needs
 Are you presenting a paper? Yes No
 Title of the paper
 Author/s:

(Two page abstract to be emailed to amasx@adelaide.edu.au, no later than 31st December 2008)

Workshop Registration Cost: Full day \$120 (*students \$60*), half day \$60 (*students \$35*).

Please select workshop(s):

- | | |
|--|---|
| <input type="checkbox"/> Analytical TEM (Monday morning) | <input type="checkbox"/> SEM microanalysis (Monday full day) |
| <input type="checkbox"/> Focused ion beam (Monday afternoon) | <input type="checkbox"/> Electron probe microanalysis (Monday afternoon) |
| <input type="checkbox"/> Cathodoluminescence (Tuesday morning) | <input type="checkbox"/> TOF-SIMS (Tuesday full day) |
| <input type="checkbox"/> EBSD (Tuesday afternoon) | <input type="checkbox"/> LA-ICPMS (Saturday 14th following symposium full day) |
| <input type="checkbox"/> Forensic microscopy (Tuesday all day) | <input type="checkbox"/> Scanned Probe (Tuesday full day) |

Symposium Registration A \$50 late fee will apply to all registrations received after 31st December 2008.

- AMMS member \$300 Non AMMS member \$330 Students \$100

Accommodation: Please book directly with venue –see website for details <http://microscopy.org.au/amas>

Registration Costs	
Symposium Cost:	
Workshops:	
Total:	

Payment Details	
If paying by cheque, please make your cheque payable to AMAS. Please post your registration form and cheque to:	
Linda Matto	Ph: +61 8 8303 5855
Adelaide Microscopy,	Fax: +61 8 8303 4356
University of Adelaide, North Terrace, SA 5005	

Credit Card Authority: Please complete details if paying by credit card.
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 the amount of \$ _____ Expiry Date: ____ / ____ / ____

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