



# **APPLICATION FORM for a Registration Waiver to the 17<sup>th</sup> International Meeting on P-Type ATPases in Health and Disease, Cairns, Australia, 15<sup>th</sup> -19<sup>th</sup> September 2025**

## **Applicant Personal details**

First name: .....

Family name: .....

Date and place of birth: .....

E-mail: .....

Address of current laboratory: .....

.....

## **With this application form, please include the following items:**

- 1. A statement that you will submit an abstract or give an oral presentation, if the conference organisers offers this opportunity. Attach abstract.**
- 2. A statement describing your current research (no more than 1/2 A4 page)**
- 3. Your Curriculum Vitae, including list of publications (no more than two A4 pages).**
- 4. Estimate and details of travel costs.**
- 5. A statement (no more than 1/2 A4 page) explaining the reason why you require a registration waiver**

Send this complete form to: Associate Prof. Ronald Clarke; email: [ronald.clarke@sydney.edu.au](mailto:ronald.clarke@sydney.edu.au)