**Full Name in Passport: Write Here**

**Postal Mailing Address: Write Here**

**Home Phone: Write Here**

**Office Phone: Write Here**

**Fax Number: Write Here**

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**Date of Birth: Write Here**

**Gender: Write Here**

**Date of Issuance of Passport: Write Here**

**Expiration date: Write Here**

**Country of Issuance: Write Here**

**Nationality: Write Here**

**University Name: Write Here**

**Your Job Title: Write Here**

**Expected Date of Entry into Australia: Write Here**

**Expected Departure Date from Australia: Write Here**

**Full Name of Hotel During Conference:**

**Write Here**

**Address of Hotel During Conference: Write Here**

**Phone Number of Hotel During Conference:**

**Write Here**

**LETTER OF INVITATION TO PRESENT AT IFPA 2015**

On behalf of the International Federation of Placenta Associations, and the Local Organizing Committee of IFPA 2015, it gives me great pleasure to extend the warmest welcome to:

**Full Name**

**OF**

**University Name**

**(Presentation /Abstract Submission Number)**

Who, having submitted a proposal/paper, and that proposal/paper having met the standard of quality in conformance with international academic standards of blind peer review, and who, having paid the registration fee, is therefore cordially invited to present that paper at the International Federation of Placenta Associations (IFPA 2015).

The conference is to be held at the Brisbane Convention and Entertainment Centre, Brisbane,

from September 8-11, 2015.

www.ifpa2015.org



Professor Gregory Rice PhD MHA

Chairman, IFPA 2015

University of Queensland Centre for Clinical Research

Building 71/918  | Royal Brisbane Hospital Campus| Herston QLD 4029

Faculty of Medicine and Biomedical Sciences  | University of Queensland

Phone: +61 7 33466075 +61 7 3102 4604 | Fax: +61 7 3346 5509  | Email: g.rice@uq.edu.au  Web: [www.uqccr.uq.edu.au](http://www.uqccr.uq.edu.au/)

**(Your Full Name Here)**

**IFPA 2015**

***PLEASE DRAFT YOUR ENTIRE SCHEDULE PLAN FOR ATTENDING THIS CONFERENCE BY INDICATING TRAVEL DATE, AIRLINE/FLIGHT NUMBER, NAME OF HOTEL, CONTACT NUMBER AND ALL TRAVEL PLANS WHILE STAYING IN AUSTRALIA UNTIL THE DAY OF DEPARTURE. YOU SHOULD ADD EXTRA ROWS IF NEEDED:***

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| **DATE** | **TIME** | **ACTIVITY** |
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**EXAMPLE (Delete after completion of schedule above)**

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| ***Date*** | ***Time*** | ***Activity*** |
| *September 8th* | *Half Day* | *Arrival Brisbane International Airport  Opening Plenary Lectures and Welcome Reception* |
| *September 9th* | *Full Day* | *Oral and Poster by featured speakers and presenters* |
| *September 10th* | *Full Day* | *Oral and Poster by featured speakers and presenters* |
| *September 11th* | *Full Day* | *Oral and Poster by featured speakers and presenters and Conference Dinner* |
| *September 12th* | *Departure* | *Brisbane International Airport* |