

World ADC London Team Booking Form

TEAM DISCOUNTS: 5+ delegates: 20% discount | 4 delegates: 15% discount | 3 delegates: 10% discount



**9th Annual World ADC
London
4th-6th March 2019**

Main Contact Name

Main Contact Email Address

Main Contact Phone Number

Company Name

Full Mailing Address

Postcode:

Delegate 1

Name:

Job Title:

Email:

Package(s) - Select ONE package

GOLD - CONFERENCE PLUS 2 WORKSHOP	<input type="checkbox"/>
SILVER - CONFERENCE PLUS 1 WORKSHOP	<input type="checkbox"/>
BRONZE - CONFERENCE ONLY	<input type="checkbox"/>

PRE-CONFERENCE WORKSHOPS (4TH MARCH)

ADC & BIOANALYTICAL DAY (FULL DAY)	<input type="checkbox"/>
WORKSHOP A ONLY (FULL DAY)	<input type="checkbox"/>
MORNING WORKSHOPS PLEASE CHOOSE EITHER B OR D OR F	B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/>
AFTERNOON WORKSHOPS PLEASE CHOOSE EITHER C OR E OR G	C <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/>

Payment Details

Debit card Credit Card

Name on Card		
Card Number [16 digit number on the front of the card]		
Valid From (if applicable)	Expiry Date	
Security Code [3 digit number above the signature strip]	[4 digit number on front of card for AMEX only]	
VAT Number	Initials	Date

OR I will be paying by bank transfer – I understand that the payment must be received before the next booking deadline to claim the current prices. I will be making the bank transfer on _____ date.

Bank Transfer

Delegate 2

Name:

Job Title:

Email:

Package(s) - Select ONE package

GOLD - CONFERENCE PLUS 2 WORKSHOP	<input type="checkbox"/>
SILVER - CONFERENCE PLUS 1 WORKSHOP	<input type="checkbox"/>
BRONZE - CONFERENCE ONLY	<input type="checkbox"/>

PRE-CONFERENCE WORKSHOPS (4TH MARCH)

ADC & BIOANALYTICAL DAY (FULL DAY)	<input type="checkbox"/>
WORKSHOP A ONLY (FULL DAY)	<input type="checkbox"/>
MORNING WORKSHOPS PLEASE CHOOSE EITHER B OR D OR F	B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/>
AFTERNOON WORKSHOPS PLEASE CHOOSE EITHER C OR E OR G	C <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/>

Payment Details

Debit card Credit Card

Name on Card		
Card Number [16 digit number on the front of the card]		
Valid From (if applicable)	Expiry Date	
Security Code [3 digit number above the signature strip]	[4 digit number on front of card for AMEX only]	
VAT Number	Initials	Date

OR I will be paying by bank transfer – I understand that the payment must be received before the next booking deadline to claim the current prices. I will be making the bank transfer on _____ date.

Bank Transfer

Delegate 3

Name:

Job Title:

Email:

Package(s) - Select ONE package

GOLD - CONFERENCE PLUS 2 WORKSHOP	<input type="checkbox"/>
SILVER - CONFERENCE PLUS 1 WORKSHOP	<input type="checkbox"/>
BRONZE - CONFERENCE ONLY	<input type="checkbox"/>

PRE-CONFERENCE WORKSHOPS (4TH MARCH)

ADC & BIOANALYTICAL DAY (FULL DAY)	<input type="checkbox"/>
WORKSHOP A ONLY (FULL DAY)	<input type="checkbox"/>
MORNING WORKSHOPS PLEASE CHOOSE EITHER B OR D OR F	B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/>
AFTERNOON WORKSHOPS PLEASE CHOOSE EITHER C OR E OR G	C <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/>

Payment Details

Debit card Credit Card

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Card Number [16 digit number on the front of the card]		
Valid From (if applicable)	Expiry Date	
Security Code [3 digit number above the signature strip]	[4 digit number on front of card for AMEX only]	
VAT Number	Initials	Date

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Bank Transfer

When you have completed the form - please email to adc@hansonwade.com

TERMS & CONDITIONS

Full payment including VAT is due upon receipt of registration. If registration is less than 14 days before event full payment is due on registration.

CANCELLATION AND SUBSTITUTION POLICY

A substitution from the same organisation can be made at any time in writing at no extra charge. Cancellations must be received in writing. If the cancellation is received more than 14 days before the conference attendees will receive a full credit to a future conference. Cancellations received 14 days or less (including the fourteenth day) prior to the conference will be liable for the full fee for full registration terms and conditions, please visit the conference website.

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Delegate 4

Name: _____
 Job Title: _____
 Email: _____
 Package(s) - Select ONE package

GOLD - CONFERENCE PLUS 2 WORKSHOP	<input type="checkbox"/>
SILVER - CONFERENCE PLUS 1 WORKSHOP	<input type="checkbox"/>
BRONZE - CONFERENCE ONLY	<input type="checkbox"/>

PRE-CONFERENCE WORKSHOPS (4TH MARCH)

ADC & BIOANALYTICAL DAY (FULL DAY)	<input type="checkbox"/>
WORKSHOP A ONLY (FULL DAY)	<input type="checkbox"/>
MORNING WORKSHOPS PLEASE CHOOSE EITHER B OR D OR F	B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/>
AFTERNOON WORKSHOPS PLEASE CHOOSE EITHER C OR E OR G	C <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/>

Payment Details		Debit card <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Name on Card			
Card Number [16 digit number on the front of the card]			
Valid From (if applicable)	Expiry Date		
Security Code [3 digit number above the signature strip]	[4 digit number on front of card for AMEX only]		
VAT Number	Initials	Date	
OR I will be paying by bank transfer – I understand that the payment must be received before the next booking deadline to claim the current prices. I will be making the bank transfer on _____ date.			
			Bank Transfer <input type="checkbox"/>

Delegate 5

Name: _____
 Job Title: _____
 Email: _____
 Package(s) - Select ONE package

GOLD - CONFERENCE PLUS 2 WORKSHOP	<input type="checkbox"/>
SILVER - CONFERENCE PLUS 1 WORKSHOP	<input type="checkbox"/>
BRONZE - CONFERENCE ONLY	<input type="checkbox"/>

PRE-CONFERENCE WORKSHOPS (4TH MARCH)

ADC & BIOANALYTICAL DAY (FULL DAY)	<input type="checkbox"/>
WORKSHOP A ONLY (FULL DAY)	<input type="checkbox"/>
MORNING WORKSHOPS PLEASE CHOOSE EITHER B OR D OR F	B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/>
AFTERNOON WORKSHOPS PLEASE CHOOSE EITHER C OR E OR G	C <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/>

Payment Details		Debit card <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Name on Card			
Card Number [16 digit number on the front of the card]			
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Security Code [3 digit number above the signature strip]	[4 digit number on front of card for AMEX only]		
VAT Number	Initials	Date	
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			Bank Transfer <input type="checkbox"/>

Delegate 6

Name: _____
 Job Title: _____
 Email: _____
 Package(s) - Select ONE package

GOLD - CONFERENCE PLUS 2 WORKSHOP	<input type="checkbox"/>
SILVER - CONFERENCE PLUS 1 WORKSHOP	<input type="checkbox"/>
BRONZE - CONFERENCE ONLY	<input type="checkbox"/>

PRE-CONFERENCE WORKSHOPS (4TH MARCH)

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Payment Details		Debit card <input type="checkbox"/>	Credit Card <input type="checkbox"/>
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VAT Number	Initials	Date	
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			Bank Transfer <input type="checkbox"/>

Delegate 7

Name: _____
 Job Title: _____
 Email: _____
 Package(s) - Select ONE package

GOLD - CONFERENCE PLUS 2 WORKSHOP	<input type="checkbox"/>
SILVER - CONFERENCE PLUS 1 WORKSHOP	<input type="checkbox"/>
BRONZE - CONFERENCE ONLY	<input type="checkbox"/>

PRE-CONFERENCE WORKSHOPS (4TH MARCH)

ADC & BIOANALYTICAL DAY (FULL DAY)	<input type="checkbox"/>
WORKSHOP A ONLY (FULL DAY)	<input type="checkbox"/>
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AFTERNOON WORKSHOPS PLEASE CHOOSE EITHER C OR E OR G	C <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/>

Payment Details		Debit card <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Name on Card			
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