



**April 23-25, 2018
Boston, USA**

Main Contact Name _____ **Main Contact Email Address** _____ **Main Contact Phone Number** _____

Delegate(s) Name(s)

1.	5.
2.	6.
3.	7.
4.	8.

Delegate(s) Job Title(s)

1.	5.
2.	6.
3.	7.
4.	8.

Delegate(s) Email Addresses

1.	5.
2.	6.
3.	7.
4.	8.

Company Name

Full Mailing Address

 _____ Postcode: _____

Package(s) - Select ONE package per delegate

	Del 1	Del 2	Del 3	Del 4	Del 5	Del 6	Del 7	Del 8
GOLD PACKAGE: CONFERENCE + 2 WORKSHOPS								
SILVER PACKAGE: CONFERENCE + 1 WORKSHOP								
BRONZE PACKAGE: CONFERENCE ONLY								
PLEASE SELECT YOUR WORKSHOPS								
DISCOVERY STREAM	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>
DEVELOPMENT STREAM	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>
CLINICAL STREAM	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/>

Total Price

Payment Details 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)	
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

When you have completed the form - please save and email it to a member of Hanson Wade staff or info@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.