

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

Delegate(s) Name(s)

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Delegate(s) Job Title(s)

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Delegate(s) Email Addresses

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Company Name _____

Full Mailing Address _____

ZIP code: _____

Package(s) - Select ONE package per delegate Del 1 Del 2 Del 3 Del 4 Del 5 Del 6 Del 7 Del 8 Del 9 Del 10

Conference _____

Conference and Workshops Day _____

Workshops Day only _____

Total Price _____

Payment Details

Name on Card

Valid From (if applicable)

VAT Number

Card Number (16 digit number on the front of the card)

Expiry Date

Initials

Security Code

Date

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