



3 delegates: 10% discount 4 delegates: 15% discount 5+ delegates: 20% discount

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: _____

Pricing Level: Drug Developer: Pharma & Biotech Solution & Service Provider Academic (Please Tick)

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

Conference + Workshop Day _____

Conference Only _____

Workshop Day Only _____

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 _____

VAT Number _____

Initials _____

Security code _____

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 your point of contact at Hanson Wade, 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.