



REGISTRATION FORM

FAMILY NAME: FIRST NAME:

PROF/DR/MRS/MISS/MS: MALE FEMALE

COMPANY/ AFFILIATION :

WORK ADDRESS*:

CITY: COUNTRY:

Post/zip code: EMAIL**:

BUSINESS TEL NO: FAX NO:

**Your work address will be used for correspondence. If it is not appropriate please advise us, in a covering letter, of an alternative address.*
***Note: The email address provided will be used to send final confirmation and Conference details*

REQUIREMENTS:

Dietary: Vegetarian Halal Vegan
Gluten Free Nut Free Dairy Free

Other (Please state food which you *cannot* eat

Access needs (please specify e.g. wheelchair user, mobility difficulties, hearing impaired etc.)
.....

CONFERENCE REGISTRATION *(Please tick the appropriate box)*

EARLY BIRD REGISTRATION <i>(On/before 16/03/2015)</i>			STANDARD REGISTRATION <i>(After 16/03/2015)</i>		
Practitioner	£400.00	<input type="checkbox"/>	Practitioner	£480.00	<input type="checkbox"/>
Student - Post Graduate*	£280.00	<input type="checkbox"/>	Student - Post Graduate*	£330.00	<input type="checkbox"/>
Student - Pre Graduate*	£200.00	<input type="checkbox"/>	Student - Pre Graduate*	£240.00	<input type="checkbox"/>
Health care Professional	£200.00	<input type="checkbox"/>	Health care Professional	£240.00	<input type="checkbox"/>
			One Day Only	£300.00	<input type="checkbox"/>
			Exhibitor Pass**	£100.00	<input type="checkbox"/>
Registration fee includes: Refreshments 14- 16 May, Welcome Reception on 14th May, Lunch on 15th May , & access to scientific sessions, Posters and Exhibition as well as 1 months free subscription to Dentinal TUBULES, a learning portal for all things in Dentistry after the conference. If you do not wish to be automatically signed up to Dentinal TUBULES please tick the box: <input type="checkbox"/>					
*Student registrations must be accompanied by a letter from the Department Head, confirming eligibility					
**Provides access to Exhibition area and Catering but not scientific sessions			TOTAL REMITTANCE	£	

PAYMENT DETAILS:

Registrations will NOT be accepted without payment. All payments must be in Pounds. All sections must be completed in order to process payment

BY CHEQUE/BANK DRAFT Payable to 'Hampton Medical Conferences'. Please include 'CONSEURO 15 Registration' on the back of any cheque.

PLEASE DEDUCT THE TOTAL SUM DUE FROM:

Credit Card: MasterCard Visa
Debit Card: Maestro Visa Debit/Delta/Electron

CARD NUMBER: []

SECURITY CODE (LAST 3 DIGITS OF THE CODE ON THE REVERSE OF THE CARD): [] [] []

EXPIRY DATE: / /

Cardholder's Signature:

Please note credit card payments are subject to an additional charge (MasterCard & Visa: 2.95%). Cardholder's billing address, including postcode of the cardholder, if not the delegate.....

By returning your completed registration form you are agreeing to the terms & conditions of the conference, including, credit card charges & any cancellation policies for registration fees. You are also agreeing to your name and town being included in the list of participants and to your email address being used by the organisers.

Hampton Medical Conferences may make your contact details available to selected third parties that may be of interest to you. If you do NOT want your details to be passed on, please tick (v) here:

Please return to: Cons Euro 2015, Hampton Medical Conferences Ltd, Rapier House, 4-6 Crane Mead, Ware, Hertfordshire, SG12 9PW, UK

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Email: conseuro@hamptonmedical.com