CONGRESS REGISTRATION FORM

To book, please simply visit www.adi.org.uk/congress 2011. Alternatively please fill in both sides of this form.

Step 1 : PRINCIPAL DELEGATE DETAILS
Title:_________  First Name:_____________ Last Name:______________ Profession:_________________
Address (Non-Member only): ________________________________________________________
_____________________________________________________________________________
Postcode:__________________
Email:__________________________________________________________________________

Step 2 : TYPES OF SESSIONS ATTENDING
PLEASE TICK WHICH SESSIONS YOU — THE PRINCIPAL DELEGATE — WILL BE ATTENDING (please select at least one):
☐ PLENARY THURSDAY
☐ PLENARY FRIDAY
☐ COMBINED TEAM PROGRAMME THURSDAY MORNING
☐ HYGIENISTS’ & THERAPISTS’ PROGRAMME THURSDAY AFTERNOON
☐ PRACTICE MANAGERS’ PROGRAMME THURSDAY AFTERNOON
☐ NURSES’ PROGRAMME THURSDAY AFTERNOON
For Nurses, if you wish to attend an optional workshop, please tick the workshop of your choice:
☐ Asepsis for Dental Implants - the Workshop
☐ Medical Emergencies in Implant Surgery
☐ Advanced Surgical Techniques, Instruments & Preparation

Step 3 : SOCIAL EVENT: ‘A HARD DAY’S NIGHT’
The social event—‘A Hard Day’s Night’—will take place on the evening of Thursday 14 April at The Point, Lancashire County Cricket Club. Dress code is ‘black tie, no tie’.
☐ I will attend the social event  ☐ I won’t attend the social event
Please complete below if you will be accompanied by a non-congress guest:
Title:_________ First Name:__________________ Last Name:___________________________

Step 4 : TEAM DELEGATES
ALL staff attending with the principal clinician or additional technicians from the same laboratory MUST complete below.
Title:_________ First Name:_________ Last Name:______________ Profession:_________________
Attending Social Event?  ☐ YES  ☐ NO
Title:_________ First Name:_________ Last Name:______________ Profession:_________________
Attending Social Event?  ☐ YES  ☐ NO
Title:_________ First Name:_________ Last Name:______________ Profession:_________________
Attending Social Event?  ☐ YES  ☐ NO
Title:_________ First Name:_________ Last Name:______________ Profession:_________________
Attending Social Event?  ☐ YES  ☐ NO
### CONGRESS REGISTRATION FORM

#### Step 5 : FEES SELECTION

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>FEE</th>
<th>QTY</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EARLY BIRD</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before 12 Oct</td>
<td>£460</td>
<td></td>
<td>£_____</td>
</tr>
<tr>
<td>13 Oct – 12 Feb</td>
<td>£505</td>
<td></td>
<td>£_____</td>
</tr>
<tr>
<td>From 13 Feb</td>
<td>£555</td>
<td></td>
<td>£_____</td>
</tr>
<tr>
<td><strong>ADVANCE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Clinician:</td>
<td>£250</td>
<td></td>
<td>£275</td>
</tr>
<tr>
<td>Member Technician:</td>
<td>£275</td>
<td></td>
<td>£305</td>
</tr>
<tr>
<td>Member Hygienist/Therapist,</td>
<td>£135</td>
<td></td>
<td>£150</td>
</tr>
<tr>
<td>Student, Practice Manager</td>
<td>£150</td>
<td></td>
<td>£165</td>
</tr>
<tr>
<td>Non-Member Clinician:</td>
<td>£560</td>
<td></td>
<td>£605</td>
</tr>
<tr>
<td>Non-Member Technician:</td>
<td>£605</td>
<td></td>
<td>£655</td>
</tr>
<tr>
<td>Non-Member Hygienist/Therapist,</td>
<td>£350</td>
<td></td>
<td>£375</td>
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<tr>
<td>Student, Practice Manager</td>
<td>£375</td>
<td></td>
<td>£405</td>
</tr>
<tr>
<td><strong>LATE</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Member Clinician:</td>
<td>£460</td>
<td></td>
<td>£505</td>
</tr>
<tr>
<td>Member Technician:</td>
<td>£275</td>
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</tr>
<tr>
<td>Student, Practice Manager</td>
<td>£150</td>
<td></td>
<td>£165</td>
</tr>
</tbody>
</table>

Additional staff to pay the fee corresponding to their category as listed above.

#### SOCIAL EVENT : A HARD DAY’S NIGHT

<table>
<thead>
<tr>
<th>FEE</th>
<th>QTY</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please state number of tickets:</td>
<td>£75</td>
<td>£_____</td>
</tr>
</tbody>
</table>

**TOTAL PAYMENT:** £_____

#### Step 6 : PAYMENT DETAILS

Method of Payment (please tick):
- [ ] CHEQUE
- [ ] CREDIT CARD
- [ ] DEBIT CARD

Name as it appears on card: ________________________________________________________

Card Number: ____________________________________________________________________

Expiry Date: ________________ Start Date: ________________ Issue No: ________________

3 - digit security code: _______ Email: _____________________________________________

Full address to which card is registered: ____________________________________________

AMOUNT ON CHEQUE ENCLOSED / AMOUNT TO BE CHARGED TO CARD : £ ________________

Your signature: ___________________________________ Date: ________________

PLEASE RETURN YOUR COMPLETED APPLICATION BY POST TO:
ADL, 98 SOUTH WORPLE WAY, LONDON SW14 8ND, OR BY FAX: + 44 (0)20 8487 5566.