

# CONGRESS APPLICATION FORM

## ADI Dental Implant Team Congress 7-9 May 2009

**ALL** participants must be stated on the **ONE** form. This form must be received **no later than 27 April 2009**. After this date attendance may not be guaranteed.

This form is for: **ONE** principle clinician accompanied by the practice staff: hygienist/nurse/practice manager/receptionist. or **ONE** principle technician accompanied by additional laboratory technicians or **ONE** hygienist, nurse or practice manager not participating within a practice team.

Please use the following session code references and state appropriate attendance for each attendee.

**PT** - Plenary Thursday      **PF** - Plenary Friday      **C** - Combined Programme Thursday  
**H** - Hygienist Programme Friday      **N** - Nurse Programme Friday      **T** - CAD CAM Programme Friday

### Principle Attendee

Title_____	First Name_____	Family name_____	Profession_____
Address (Non Member Only)_____			Postcode_____
Email_____			
State all Session Codes attending ___/___		Attending Reception: <b>YES/NO</b>	Attending 'American Pie Party': <b>YES/NO</b>

### Non Congress Guest *(if more than 2 guests please add on separate sheet)*

Title_____	First Name_____
Family name_____	
Attending Reception: <b>YES/NO</b>	
Attending 'American Pie Party': <b>YES/NO</b>	

Title_____	First Name_____
Family name_____	
Attending Reception: <b>YES/NO</b>	
Attending 'American Pie Party': <b>YES/NO</b>	

### Team Delegates

**ALL** staff attending with clinician principle or additional technicians from the same laboratory **MUST** also complete name, profession, attendance categories, complimentary **Reception Ticket** and optional **'American Pie Party' Ticket** as required.

*(If more than 7 team members, please complete on separate sheet.)*

Title_____	First Name_____	Family name_____	Profession_____
State all Session Codes attending ___/___		Attending Reception: <b>YES/NO</b>	Attending 'American Pie Party': <b>YES/NO</b>

Title_____	First Name_____	Family name_____	Profession_____
State all Session Codes attending ___/___		Attending Reception: <b>YES/NO</b>	Attending 'American Pie Party': <b>YES/NO</b>

Title_____	First Name_____	Family name_____	Profession_____
State all Session Codes attending ___/___		Attending Reception: <b>YES/NO</b>	Attending 'American Pie Party': <b>YES/NO</b>

Title_____	First Name_____	Family name_____	Profession_____
State all Session Codes attending ___/___		Attending Reception: <b>YES/NO</b>	Attending 'American Pie Party': <b>YES/NO</b>

Title_____	First Name_____	Family name_____	Profession_____
State all Session Codes attending ___/___		Attending Reception: <b>YES/NO</b>	Attending 'American Pie Party': <b>YES/NO</b>

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Title \_\_\_\_\_ First Name \_\_\_\_\_ Family name \_\_\_\_\_ Profession \_\_\_\_\_  
 State all Session Codes attending \_\_\_/\_\_\_ Attending Reception: **YES/NO** Attending 'American Pie Party': **YES/NO**

Title \_\_\_\_\_ First Name \_\_\_\_\_ Family name \_\_\_\_\_ Profession \_\_\_\_\_  
 State all Session Codes attending \_\_\_/\_\_\_ Attending Reception: **YES/NO** Attending 'American Pie Party': **YES/NO**

Select category of attendance and complete fee payment as appropriate from choices below:

**FEE PAYMENT**

Discounted fee applicable until 27 February 2009	Price £	Quantity	Amount
<b>ONE</b> early Clinician Member	480	1	£ _____
<b>ONE</b> early Technician Member	450	1	£ _____
<b>ONE</b> early non Clinician Member	580	1	£ _____
<b>ONE</b> early non Technician Member	550	1	£ _____
<b>ONE</b> sole nurse/hygienist/practice manager (delete as appropriate)	220	1	£ _____
Additional staff from same practice/laboratory (state total no.)	220	_____	£ _____
<b>ONE</b> full time student	240	1	£ _____
<b>ONE</b> late Clinician Member	520	1	£ _____
<b>ONE</b> late Technician Member	490	1	£ _____
<b>ONE</b> late non Clinician Member	620	1	£ _____
<b>ONE</b> late non Technician Member	590	1	£ _____
<b>SOCIAL EVENTS</b>			
<b>WELCOME RECEPTION</b>			
State total number of complimentary tickets required	00	_____	£00.00
State total number of non congress guest tickets required	20	_____	£ _____
<b>AMERICAN PIE PARTY</b> (state number of tickets)	75	_____	£ _____
<b>PAYMENT TOTAL</b>			<b>£ _____</b>

**PAYMENT METHOD**

**BY CHEQUE** Cheque for £ \_\_\_\_\_ attached.  
 Please make cheque or banker's draft in sterling payable to: "ADI" and enclose with complete form.

**BY CREDIT CARD** Amount £ \_\_\_\_\_ to be debited.  
 Amex and Diners Cards not accepted. Please select: **Visa/Maestro/Mastercard**

Cardholder's Name \_\_\_\_\_

Card Number

Expiry Date \_\_\_\_\_ Issue No./start date \_\_\_\_\_ 3 digit security code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FAX BACK to: 020 8487 5566 (if paying by credit card)**  
 or post to: **Association of Dental Implantology UK, 98 South Worple Way, London SW14 8ND**