

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

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Step 5 : FEES SELECTION

CATEGORY	FEE			QTY	AMOUNT
	EARLY BIRD Before 12 Oct	ADVANCE 13 Oct – 12 Feb	LATE From 13 Feb		
Member Clinician:	£460	£505	£555	_____	£ _____
Member Technician:	£250	£275	£305	_____	£ _____
Member Hygienist/ Therapist, Student, Practice Manager	£135	£150	£165	_____	£ _____
Non-Member Clinician:	£560	£605	£655	_____	£ _____
Non-Member Technician:	£350	£375	£405	_____	£ _____
Non-Member Hygienist/ Therapist, Student, Practice Manager	£150	£165	£180	_____	£ _____

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

SOCIAL EVENT : A HARD DAY'S NIGHT

	FEE	QTY	AMOUNT
Please state number of tickets:	£75	_____	£ _____
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:
ADI, 98 SOUTH WORPLE WAY, LONDON SW14 8ND, OR BY FAX: + 44 (0)20 8487 5566.**