

CONGRESS REGISTRATION FORM

To book, please simply visit www.adi.org.uk/congress2013
Alternatively please complete 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*):

CLINICIANS

- ADI AWARDS COMPETITION FOR CASE STUDY OR SHORT RESEARCH PAPER
(WEDNESDAY AFTERNOON - complimentary)
- PLENARY PROGRAMME (THURSDAY & FRIDAY)**

TECHNICIANS

- ADI AWARDS COMPETITION FOR CASE STUDY OR SHORT RESEARCH PAPER
(WEDNESDAY AFTERNOON - complimentary)
- PLENARY PROGRAMME (THURSDAY)** **TECHNICIANS' PROGRAMME (FRIDAY)**
- Fees include admission to Technicians' Programme and complimentary admission to the Plenary Programme on Thursday.

TEAM (NURSES, HYGIENISTS/THERAPISTS, PRACTICE MANAGERS)

- ADI AWARDS COMPETITION FOR CASE STUDY OR SHORT RESEARCH PAPER
(WEDNESDAY AFTERNOON - complimentary)
- TEAM PROGRAMME (THURSDAY)** **PLENARY PROGRAMME (FRIDAY)**
- Fees include admission to Team Programme and complimentary admission to the Plenary Programme on Friday.

STUDENTS

- ADI AWARDS COMPETITION FOR CASE STUDY OR SHORT RESEARCH PAPER
(WEDNESDAY AFTERNOON - complimentary)
- PLENARY PROGRAMME (THURSDAY)** **PLENARY PROGRAMME (FRIDAY)**

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Step 3: SOCIAL EVENT: 'ADI OSCARS BASH'

The social event – 'ADI OSCARS BASH' – will take place on the evening of **Thursday 2 May** in the Alexandra Suite at the Midland Hotel. Dress code is 'black tie'.

I will attend the ADI Oscars Bash I won't attend the ADI Oscars Bash

Please complete below if you will be accompanied by a non-congress guest:

Title:___ First name:_____ Last name:_____

Step 4: EXTRA DELEGATES

ALL staff attending with the principal delegate or additional technicians from the same laboratory **MUST** complete below:

1. ADI AWARDS COMPETITION FOR CASE STUDY OR SHORT RESEARCH PAPER (WEDNESDAY AFTERNOON - complimentary)
2. **PLENARY PROGRAMME (THURSDAY)**
3. **PLENARY PROGRAMME (FRIDAY)**
4. **TECHNICIANS' PROGRAMME (FRIDAY)**
5. **TEAM PROGRAMME (THURSDAY)**

Title:___ First name:_____ Last name:_____ Profession:_____

Attending Social Event? YES NO

Types of sessions attending: 1 2 3 4 5

For **TEAM Programme**, please tick the workshop of your choice (please refer to workshop lists in the flyer):

Workshop 1. a b c d e **Workshop 2.** a b c d e
(one choice only) (one choice only)

Title:___ First name:_____ Last name:_____ Profession:_____

Attending Social Event? YES NO

Types of sessions attending: 1 2 3 4 5

For **TEAM Programme**, please tick the workshop of your choice (please refer to workshop lists in the flyer):

Workshop 1. a b c d e **Workshop 2.** a b c d e
(one choice only) (one choice only)

Title:___ First name:_____ Last name:_____ Profession:_____

Attending Social Event? YES NO

Types of sessions attending: 1 2 3 4 5

For **TEAM Programme**, please tick the workshop of your choice (please refer to workshop lists in the flyer):

Workshop 1. a b c d e **Workshop 2.** a b c d e
(one choice only) (one choice only)

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Step 5: FEES SELECTION

Students **MUST** provide proof of full-time education with registration form.

| CATEGORY | FEE | FEE | FEE | QTY | AMOUNT |
|--|-----------------------------|---------------------------|--------------------|-------|--------|
| | EARLY BIRD Before 31 Oct | ADVANCE 1 Nov – 28 Feb | LATE From 1 Mar | | |
| Member Clinician: | £485 | £555 | £640 | _____ | £_____ |
| Member Technician: | £265 | £305 | £350 | _____ | £_____ |
| Member Hygienist/Therapist, Nurse, Practice Manager, Student: | £150 | £175 | £200 | _____ | £_____ |
| Additional Member Technician: | £150 | £175 | £200 | _____ | £_____ |
| Non-Member Clinician: | £585 | £655 | £740 | _____ | £_____ |
| Non-Member Technician: | £365 | £405 | £450 | _____ | £_____ |
| Non-Member Hygienist/Therapist, Nurse, Practice Manager, Student: | £175 | £200 | £225 | _____ | £_____ |
| Additional Non-Member Technician: | £175 | £200 | £225 | _____ | £_____ |

Additional staff to pay the fee corresponding to their category listed above (except extra Technicians)

SOCIAL EVENT: ADI OSCARS BASH

| | FEE | QTY | AMOUNT |
|---------------------------------|-----|-------|--------|
| Please state number of tickets: | £75 | _____ | £_____ |
| TOTAL PAYMENT: | | | £_____ |

Step 6: PAYMENT DETAILS

Method of Payment (please tick): CHEQUE (payable to ADI) CREDIT CARD DEBIT CARD
(AMEX not accepted)

Name as it appears on the card: _____

Card number: _____

Expiry date: _____ Start date: _____ Issue no: _____

3 - digit security code: _____

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

Your signature: _____ Date: _____

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

PLEASE DETACH