

Conference Registration Form

Waving or Drowning: the good, the bad and the ugly of communication

Thursday 23rd and Friday 24th May 2019

The Lowry Hotel, Manchester

Title Name

Address

.....

..... Postcode

Tel Email

General Dental Council/other registration number (please specify)

For ECPD purposes

Price List

PACKAGE	EARLY BIRD	Price after 19th April
FULL CONFERENCE PACKAGE: Thursday 23rd and Friday 24th May 2019 Includes bed & breakfast (Thursday 23rd May), Conference Dinner (Thursday 23rd May), lunches, tea and coffee (Accommodation has been reserved at the Manchester Marriott Victoria & Albert Hotel). Full details will be sent with joining instructions.		
Member	£320	£395
Non-member	£375	£425
Student/retired	£295	£325
DAY DELEGATE ONLY: Thursday 23rd May 2019 Includes lunch, tea and coffee		
Member	£130	£140
Non-member	£150	£180
Student/retired	£80	£110
DAY DELEGATE ONLY: Friday 24th May 2019 Includes lunch, tea and coffee		
Member	£100	£130
Non-member	£150	£180
Student/retired	£80	£110
Conference dinner (additional for day delegates)	£60	£70
Additional night accommodation: Wednesday 22nd May 2019	£143	£143
Please make cheques payable to: British Association for the Study of Community Dentistry "BASCD"		
TOTAL ENCLOSED		£

If your employer will be paying on your behalf, by BACS or cheque, please tick here

Payment/confirmation of BACS must accompany the registration form and be received before 19th April 2019 to ensure early bird rate.

(Continued overleaf)

I am paying by the following method (please tick one only)

1. Cheque (personal)*

Please make cheques payable to BASCD and send along with a completed application form to:
BASCD Presidential Spring Meeting 2019, c/o VSM Healthcare, 8 Salmon Fields, Royton, Oldham OL2 6HT.

2. Electronic Payments (personal)*

Payment can be made via internet banking to BASCD sort code 16-24-06, account no. 10223851.
Please ensure that you enter your initials followed by 0519 as the payment reference.

3. Cheque (employing organisation)

Name of employing organisation:

Purchase order number:

If your employer will be sending a cheque please enter the name of your employing organisation below and send a COPY of this completed form to secure early registration. The original should come from your employing organisation.

4. BACS (employing organisation)

Name of employing organisation:

Purchase order number:

Region:

Accounts payable contact name:

Accounts payable contact email:

If you require a pro-forma invoice please email the details to francescamellor@vsmhealthcare.com
Original forms should accompany cheques or be sent with BACS payment details.

Conditions and Terms:

BASCD is very happy to book places at the conference on the basis of a Purchase Order number from an employer provided all details above are completed on the registration form. It is important to note that should the money not be received from the employer then the attendee is responsible for paying themselves. Payment is due 30 days from Invoice date. Submitting a booking indicates acceptance of this condition.

Special requirements:

Please advise of any special dietary or other requirements e.g. mobility, hearing etc

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For more information please call us on 0161 665 5887.