

# 2017 Annual General Meeting of The Association of Dental Anaesthetists: Safety for All



Association of  
Dental Anaesthetists

## Registration Form

Please complete this form in **BLOCK CAPITALS** and return to:

Association of Dental Anaesthetists  
21 Portland Place  
London  
W1B 1PY

## Your details

Title:  Full Name:

Membership No:

Hospital Name:

Post held: Dentist/Anaesthetist/GP/Other (Please specify)

Address:

Postcode:

Telephone:

Email:

Dietary requirements:

## Event details

Date:

## Registration fees:

ADA Member £145.00

Non-Member of ADA £165.00

Non Doctor or Dentist £80.00

## Payment details

A sterling cheque drawn on a UK bank and made payable to the ADA

I wish to pay by debit/credit card:



Cardholder's Name:

Signature:

## Please use BLOCK CAPITALS

Card Number:

Valid from:  Expiry date:  Issue number (if applicable)  Security code:

## Terms and Conditions

- Bookings will be accepted on a first come, first served basis. **There are limited spaces available.**

### Online Payments

- To register and pay online, please [click here](#)

## Cancellation policy

All cancellations must be received in writing. Written cancellations received at least fourteen days before the event will be subject to an administration charge of £25. Delegates cancelling after this date will be liable to pay the full seminar price unless the association considers there to be exceptional circumstances that would warrant a refund.