

BOOKING FORM



Please choose your preferred conference option from the selection of packages below and complete the payment details overleaf. All prices include VAT.

Last chance to book!

Conference Package ① Full £625.00

Thursday 28 May Business sessions, lunch, BBQ dinner, bed & breakfast
Friday 29 May Business sessions, lunch, banquet dinner, bed & breakfast

Conference Package ② 1 Day 2 Nights £550.00

Thursday 28 May Bed & breakfast
Friday 29 May Business sessions, lunch, banquet dinner, bed & breakfast

Conference Package ③ 24 Hour Delegate £316.00

Friday 29 May Business sessions, lunch, banquet dinner, bed & breakfast

Conference Package ④ Day Delegate (Friday) £82.00

Friday 29 May Business sessions, lunch, banquet dinner

AGM Packages

If you wish to attend only the AGM on Thursday 28 May, you may want to have:

⑤ Lunch **£24.00** and/or ⑥ BBQ dinner **£51.00**

Golf Package £56.00

Thursday 28 May 18 holes and lunch at Cumberwell Park Golf Club

Delgate's Name(s): _____

Partners/Spouses

⑦ Dinner, bed & breakfast for 1 night **£99.00**

⑧ Dinner, bed & breakfast for 2 nights **£130.00**

Additional Night's Stay

⑨ Single occupancy **£195.00**

⑩ Double occupancy **£215.00**

BDTA Annual Conference 2009

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Please note that the first delegate listed will be the contact for this booking.

Delegate's Name:	Package(s) Number:	Partner's Name (if applicable):
1. _____	<input type="text"/>	_____
2. _____	<input type="text"/>	_____
3. _____	<input type="text"/>	_____
4. _____	<input type="text"/>	_____
5. _____	<input type="text"/>	_____

Company Name: _____ Telephone: _____

Address: _____

Postcode: _____

Email (of booking contact): _____

Payment Methods

Total cost for conference £ (all prices inc. VAT)

- Cheque** – I enclose a cheque made payable to the BDTA.
- Invoice** – Please invoice me for the above amount. P.O. number: _____
- Credit Card** – Please debit the following card (*please circle*):



Card No:

Expiry Date: / Start Date: /

Security Code: Issue number (switch only):

Name of cardholder: _____

Cardholder's address: _____
(if different from above)

Please note that all payments will be acknowledged with a receipted invoice.

Please post or fax your completed booking form to:

Maggie Wan
The British Dental Trade Association
Mineral Lane
Chesham
Bucks, HP5 1NL
Fax: 01494 786659

Booking Terms & Conditions

Please note that upon completing this booking form you are agreeing to the following terms & conditions:

Cancellations

- No refunds will be given for cancellations made after **Monday 20 April 2009**.
- Substitutions may be made at any time.