**ART Conference Booking form **

Title Click here to enter text. First name Click here to enter text. Surname Click here to enter text.

Department Click here to enter text.

Hospital/company Click here to enter text.

Address Click here to enter text.

2

Post code Click here to enter text.

Tel no. Click here to enter text.Email Click here to enter text.

mobile no. Click here to enter text. Dietary requirements Click here to enter text.

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| --- | --- | --- | --- |
| Registration  |   |   |   |
| Item |  (please select the package you require) | Members | Non Members |
|  |   |   |   |
| **Complete package to include:** | **Early bird booked before 17th Sept.** | £330 | £390 |
| Wednesday night bed and breakfast: Wednesday night evening meal: Thursday bed and breakfast: Thursday lunch: Thursday Night Dinner: and tea and coffee Thursday/Friday |   | [ ]  | [ ]  |
| **Complete package to include:** | **Booked after 17th Sept.** | £410 | £460 |
| Wednesday night bed and breakfast: Wednesday night evening meal: Thursday bed and breakfast: Thursday lunch: Thursday Night Dinner: and tea and coffee Thursday/Friday |   | [ ]  | [ ]  |
| **2 day package to include:** |   | £290 | £360 |
| Thursday bed and breakfast: Thursday lunch: Thursday Night Dinner: and tea and coffee Thursday/Friday |   | [ ]  | [ ]  |
| **Thursday day delegate to include:** |   | £160 | £2008 |
| Lunch, Tea or coffee. |   | [ ]  | [ ]  |
| **Friday day delegate to include** |   | £60 | £80 |
| Tea or coffee |   | [ ]  | [ ]  |
| **Thursday Dinner only** |   | £6011 | £80 |
|   |   | [ ]  | [ ]  |

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| --- |
| Payment |
| Invoice AddressClick here to enter text. |  PO no. Click here to enter text. |
| I enclose a cheque made payable to Association of Renal Technologists Or we will deal direct with your bank using BACS |  £ Click here to enter text. |

If you cannot find the option you require please email peter jones on peter.jones34@nhs.net with your request.