

# BOOKING FORM

Main Contact Name \_\_\_\_\_ Main Contact Email Address \_\_\_\_\_ Main Contact Phone Number \_\_\_\_\_

Delegate(s) Name(s)

1.	5.
2.	6.
3.	7.
4.	8.

Delegate(s) Job Title(s)

1.	5.
2.	6.
3.	7.
4.	8.

Delegate(s) Email Addresses

1.	5.
2.	6.
3.	7.
4.	8.

Company Name \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

ZIP code: \_\_\_\_\_

**Health Supply Chain: Manufacturers, Distributors, Wholesalers, Logistics, Dispensaries**      **Service Providers & Consultants**

### Package(s)

Select ONE package per delegate      Del 1      Del 2      Del 3      Del 4      Del 5      Del 6      Del 7      Del 8

### Conference + Accelerator Workshops

#### Conference Only

#### Accelerator Workshops Only

### Total Price

\_\_\_\_\_

### Payment Details

Credit Card

Name on Card

Card Number (16 digit number on the front of the card)

Valid From (if applicable)

Expiry Date

Security Code

VAT Number

Initials

Date

**OR** I will be paying by bank transfer – I understand that the payment must be received before the next booking deadline to claim the current prices.

I will be making the bank transfer on \_\_\_\_\_ date.

Bank Transfer

When you have completed the form – please save and email it to your point of contact at Hanson Wade, or [register@hansonwade.com](mailto:register@hansonwade.com)

### TERMS & CONDITIONS

Full payment including VAT is due upon receipt of registration. If registration is less than 14 days before event full payment is due on registration

### CANCELLATION AND SUBSTITUTION POLICY

A substitution from the same organisation can be made at any time in writing at no extra charge. Cancellations must be received in writing. If the cancellation is received more than 14 days before the conference attendees will receive a full credit to a future conference.

Cancellations received 14 days or less (including the fourteenth day) prior to the conference will be liable for the full fee for full registration terms and conditions, please visit the conference website.