**Please Complete all Sections** (one form per delegate)

**Delegate Details**

*Mr*  *Mrs*  *Ms*  *Miss*  *Dr*  *Other*

|  |  |
| --- | --- |
| *First Name:* | *Surname:* |
| *Job Title:* | *Department:* |
| *Direct Telephone:* | *Email:* |
| *Company:* | *Company Nature:* |

|  |  |
| --- | --- |
| *1st Line:* | *2nd Line:* |
| *Town/City:* | *County/State:* |
| *Country:* | *Zip Code/Postcode:* |
| *Company Telephone:* | *Company Fax:* |

**Invoice Details**

|  |  |
| --- | --- |
| *Company:* | *Contact Name:* |
| *Contact Telephone:* | *Contact Email:* |
| *1st Line:* | *2nd Line:* |
| *Town/City:* | *Country:* |
| *Zip Code/Postcode:* |  |

**Booking Contact**

|  |  |
| --- | --- |
| *Name:* | *Job Title:* |
| *Department:* | *Telephone:* |
| *Email:* |  |

**Approving Manager**

|  |  |
| --- | --- |
| *Name:* | *Job Title:* |
| *Department:* | *Telephone:* |
| *Email:* |  |

**Payment Method:**

*Credit Card*    
*Invoice\**

\* *Please note that for all registrations not choosing to pay by credit card at the point of registration we require a credit card guarantee. This card will not be charged unless the amount due is not paid by up to 2 weeks after the conference has concluded. The credit card details for the guarantee cannot be received by email. Details must be received via telephone. This is due to data security regulations. Credit card details are entered directly into a secure and encrypted system.* **Contact Details for Credit Card Payment/Guarantee**

|  |  |
| --- | --- |
| *Contact Name:* | *Contact Telephone:* |
| *Date to Call:* | *Time to Call:* |

**>> When complete please return to:** [Nataliia.Kohut@informa.com](mailto:adedamola.adejuwon@informa.com)