

## Booking form for Clinical Discovery Workshop

PLEASE STATE WHICH WORKSHOP DATE:

Delegate Information – please complete in full:

Name:	
Job Title:	
Company:	
Address:	
Postal code:	
Telephone:	Fax:
Email Address:	
Dietary Requirements:	
Accommodation required (if yes, which date):	

### Payment Details *(please mark as appropriate)*

<input type="checkbox"/>	Cheque <i>(please make payable to Events 4 Healthcare Ltd)</i>						
<input type="checkbox"/>	Invoice <i>(please provide a purchase order number if appropriate)</i>						
<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Switch	<input type="checkbox"/>	Amex
Card Number:							
Issue No. <i>(Debit Cards only)</i>				Expiry Date:			
<input type="text"/>	Three digit security number found on the back of the card						
Name on Card:							
Card Billing/Invoice Address:							
Postal code:							
<input type="checkbox"/> Yes / <input type="checkbox"/> No	I have read and understood the Terms & Conditions associated with this booking						

### Events 4 Healthcare Ltd

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Company Registration Number: 6237925 VAT Registration Number: 907 8306 16