

## **February 20-21 2019**

www.world-cns.com

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  Postcode:								
Package(s) - Select ONE package per delegate	Del 1	Del 2	Del 3	Del 4	Del 5	Del 6	Del 7	Del 8
CONFERENCE + 2 WORKSHOPS								
CONFERENCE + 1 WORKSHOP								
CONFERENCE ONLY WORKSHOP ONLY								
WORKSHOP UNLT	A		1	A		A	Δ	
PLEASE SELECT YOUR WORKSHOPS	A □ B □ C □ D □	A B C D	A □ B □ C □ D □	A B C D	A □ B □ C □ D □	A B C D	A	A □ B □ C □ D □
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							
<b>OR</b> I will be paying by bank transfer – I understand that the payment must be	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 <sup>-</sup>	Transfer

When you have completed the form - please save and email it to a member of Hanson Wade staff or info@hansonwade.com