

# World ADC San Diego Team Booking Form

**TEAM DISCOUNTS: 5+ delegates: 20% discount | 4 delegates: 15% discount | 3 delegates: 10% discount**



**12-15 November, 2018**  
**Marriott Marquis & Marina, San Diego, CA**

**Main Contact Name**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Main Contact Email Address**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Main Contact Phone Number**  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

Postcode: \_\_\_\_\_

**Delegate 2**  
 Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Package(s) - Select ONE package

FULL ACCESS PASS (2 DAY SCIENTIFIC PROGRAM + BOTH SEMINAR DAYS)	<input type="checkbox"/>
CONFERENCE + 1 SEMINAR DAY	<input type="checkbox"/>
2 DAY SCIENTIFIC PROGRAM ONLY	<input type="checkbox"/>
SEMINAR DAY ONLY	<input type="checkbox"/>

**SEMINAR DAY 1 (PRE-CONFERENCE) OPTIONS:**

ADC & IO COMBO DAY	<input type="checkbox"/>
ADC ANALYTICAL & BIOANALYTICAL DAY	<input type="checkbox"/>
INTRODUCTION TO ADCS WORKSHOP (FULL DAY)	<input type="checkbox"/>
WORKSHOPS: PLEASE CHOOSE EITHER <b>A+B, A+D, A+F, C+B, C+D, C+F, E+B, E+D, E+F</b>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>

**SEMINAR DAY 2 (POST CONFERENCE) OPTIONS:**

COMMERCIALIZING ADCS (FULL DAY)	<input type="checkbox"/>
WORKSHOPS: PLEASE CHOOSE EITHER <b>G+H, G+K, J+H, J+K</b>	G <input type="checkbox"/> H <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/>

**Payment Details** Debit card  Credit Card

Name on Card \_\_\_\_\_  
 Card Number (16 digit number on the front of the card) \_\_\_\_\_  
 Valid From (if applicable) \_\_\_\_\_ Expiry Date \_\_\_\_\_  
 Security Code (3 digit number above the signature strip) \_\_\_\_\_ (4 digit number on front of card for AMEX only) \_\_\_\_\_  
 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

**Delegate 1**  
 Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Package(s) - Select ONE package

FULL ACCESS PASS (2 DAY SCIENTIFIC PROGRAM + BOTH SEMINAR DAYS)	<input type="checkbox"/>
CONFERENCE + 1 SEMINAR DAY	<input type="checkbox"/>
2 DAY SCIENTIFIC PROGRAM ONLY	<input type="checkbox"/>
SEMINAR DAY ONLY	<input type="checkbox"/>

**SEMINAR DAY 1 (PRE-CONFERENCE) OPTIONS:**

ADC & IO COMBO DAY	<input type="checkbox"/>
ADC ANALYTICAL & BIOANALYTICAL DAY	<input type="checkbox"/>
INTRODUCTION TO ADCS WORKSHOP (FULL DAY)	<input type="checkbox"/>
WORKSHOPS: PLEASE CHOOSE EITHER <b>A+B, A+D, A+F, C+B, C+D, C+F, E+B, E+D, E+F</b>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>

**SEMINAR DAY 2 (POST CONFERENCE) OPTIONS:**

COMMERCIALIZING ADCS (FULL DAY)	<input type="checkbox"/>
WORKSHOPS: PLEASE CHOOSE EITHER <b>G+H, G+K, J+H, J+K</b>	G <input type="checkbox"/> H <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/>

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**Delegate 3**  
 Name: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Package(s) - Select ONE package

FULL ACCESS PASS (2 DAY SCIENTIFIC PROGRAM + BOTH SEMINAR DAYS)	<input type="checkbox"/>
CONFERENCE + 1 SEMINAR DAY	<input type="checkbox"/>
2 DAY SCIENTIFIC PROGRAM ONLY	<input type="checkbox"/>
SEMINAR DAY ONLY	<input type="checkbox"/>

**SEMINAR DAY 1 (PRE-CONFERENCE) OPTIONS:**

ADC & IO COMBO DAY	<input type="checkbox"/>
ADC ANALYTICAL & BIOANALYTICAL DAY	<input type="checkbox"/>
INTRODUCTION TO ADCS WORKSHOP (FULL DAY)	<input type="checkbox"/>
WORKSHOPS: PLEASE CHOOSE EITHER <b>A+B, A+D, A+F, C+B, C+D, C+F, E+B, E+D, E+F</b>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/>

**SEMINAR DAY 2 (POST CONFERENCE) OPTIONS:**

COMMERCIALIZING ADCS (FULL DAY)	<input type="checkbox"/>
WORKSHOPS: PLEASE CHOOSE EITHER <b>G+H, G+K, J+H, J+K</b>	G <input type="checkbox"/> H <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/>

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 VAT Number \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

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**When you have completed the form - please email to [adc@hansonwade.com](mailto:adc@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.