

World ADC San Diego Team Booking Form

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



**October 8-11
Hyatt Regency
San Diego, CA**

Main Contact Name

Main Contact Email Address

Main Contact Phone Number

Company Name

Full Mailing Address

Postcode: _____

Delegate 1

Name: _____
Job Title: _____
Email: _____

Package(s) - Select ONE package

FULL ACCESS PASS	<input type="checkbox"/>
CONFERENCE + WORKSHOP DAY	<input type="checkbox"/>
CONFERENCE + SEMINAR DAY	<input type="checkbox"/>
CONFERENCE ONLY	<input type="checkbox"/>
SEMINAR DAY ONLY	<input type="checkbox"/>
WORKSHOP DAY ONLY	<input type="checkbox"/>

WORKSHOP DAY OPTIONS:

INTRO TO ADCS

WORKSHOPS: PLEASE CHOOSE
EITHER A, C, E, G, AND B, D, F, H

A	<input type="checkbox"/>	C	<input type="checkbox"/>	E	<input type="checkbox"/>	G	<input type="checkbox"/>
B	<input type="checkbox"/>	D	<input type="checkbox"/>	F	<input type="checkbox"/>	H	<input type="checkbox"/>

SEMINAR DAY OPTIONS:

ADC & IO COMBO DAY	<input type="checkbox"/>
ADC ANALYTICAL & BIOANALYTICAL DAY	<input type="checkbox"/>
CMC DAY	<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 2

Name: _____
Job Title: _____
Email: _____

Package(s) - Select ONE package

FULL ACCESS PASS	<input type="checkbox"/>
CONFERENCE + WORKSHOP DAY	<input type="checkbox"/>
CONFERENCE + SEMINAR DAY	<input type="checkbox"/>
CONFERENCE ONLY	<input type="checkbox"/>
SEMINAR DAY ONLY	<input type="checkbox"/>
WORKSHOP DAY ONLY	<input type="checkbox"/>

WORKSHOP DAY OPTIONS:

INTRO TO ADCS

WORKSHOPS: PLEASE CHOOSE
EITHER A, C, E, G, AND B, D, F, H

A	<input type="checkbox"/>	C	<input type="checkbox"/>	E	<input type="checkbox"/>	G	<input type="checkbox"/>
B	<input type="checkbox"/>	D	<input type="checkbox"/>	F	<input type="checkbox"/>	H	<input type="checkbox"/>

SEMINAR DAY OPTIONS:

ADC & IO COMBO DAY	<input type="checkbox"/>
ADC ANALYTICAL & BIOANALYTICAL DAY	<input type="checkbox"/>
CMC DAY	<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 3

Name: _____
Job Title: _____
Email: _____

Package(s) - Select ONE package

FULL ACCESS PASS	<input type="checkbox"/>
CONFERENCE + WORKSHOP DAY	<input type="checkbox"/>
CONFERENCE + SEMINAR DAY	<input type="checkbox"/>
CONFERENCE ONLY	<input type="checkbox"/>
SEMINAR DAY ONLY	<input type="checkbox"/>
WORKSHOP DAY ONLY	<input type="checkbox"/>

WORKSHOP DAY OPTIONS:

INTRO TO ADCS

WORKSHOPS: PLEASE CHOOSE
EITHER A, C, E, G, AND B, D, F, H

A	<input type="checkbox"/>	C	<input type="checkbox"/>	E	<input type="checkbox"/>	G	<input type="checkbox"/>
B	<input type="checkbox"/>	D	<input type="checkbox"/>	F	<input type="checkbox"/>	H	<input type="checkbox"/>

SEMINAR DAY OPTIONS:

ADC & IO COMBO DAY	<input type="checkbox"/>
ADC ANALYTICAL & BIOANALYTICAL DAY	<input type="checkbox"/>
CMC DAY	<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

When you have completed the form -
please email to 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.

Delegate 4		
Name:		
Job Title:		
Email:		
Package(s) - Select ONE package		
FULL ACCESS PASS	<input type="checkbox"/>	
CONFERENCE + WORKSHOP DAY	<input type="checkbox"/>	
CONFERENCE + SEMINAR DAY	<input type="checkbox"/>	
CONFERENCE ONLY	<input type="checkbox"/>	
SEMINAR DAY ONLY	<input type="checkbox"/>	
WORKSHOP DAY ONLY	<input type="checkbox"/>	
WORKSHOP DAY OPTIONS:		
INTRO TO ADCS	<input type="checkbox"/>	
WORKSHOPS: PLEASE CHOOSE EITHER A, C, E, G, AND B, D, F, H	A <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/>	
SEMINAR DAY OPTIONS:		
ADC & IO COMBO DAY	<input type="checkbox"/>	
ADC ANALYTICAL & BIOANALYTICAL DAY	<input type="checkbox"/>	
CMC DAY	<input type="checkbox"/>	
Payment Details Debit card <input type="checkbox"/> Credit Card <input type="checkbox"/>		
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 <input type="checkbox"/>		

Delegate 5		
Name:		
Job Title:		
Email:		
Package(s) - Select ONE package		
FULL ACCESS PASS	<input type="checkbox"/>	
CONFERENCE + WORKSHOP DAY	<input type="checkbox"/>	
CONFERENCE + SEMINAR DAY	<input type="checkbox"/>	
CONFERENCE ONLY	<input type="checkbox"/>	
SEMINAR DAY ONLY	<input type="checkbox"/>	
WORKSHOP DAY ONLY	<input type="checkbox"/>	
WORKSHOP DAY OPTIONS:		
INTRO TO ADCS	<input type="checkbox"/>	
WORKSHOPS: PLEASE CHOOSE EITHER A, C, E, G, AND B, D, F, H	A <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/>	
SEMINAR DAY OPTIONS:		
ADC & IO COMBO DAY	<input type="checkbox"/>	
ADC ANALYTICAL & BIOANALYTICAL DAY	<input type="checkbox"/>	
CMC DAY	<input type="checkbox"/>	
Payment Details Debit card <input type="checkbox"/> Credit Card <input type="checkbox"/>		
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 <input type="checkbox"/>		

Delegate 6		
Name:		
Job Title:		
Email:		
Package(s) - Select ONE package		
FULL ACCESS PASS	<input type="checkbox"/>	
CONFERENCE + WORKSHOP DAY	<input type="checkbox"/>	
CONFERENCE + SEMINAR DAY	<input type="checkbox"/>	
CONFERENCE ONLY	<input type="checkbox"/>	
SEMINAR DAY ONLY	<input type="checkbox"/>	
WORKSHOP DAY ONLY	<input type="checkbox"/>	
WORKSHOP DAY OPTIONS:		
INTRO TO ADCS	<input type="checkbox"/>	
WORKSHOPS: PLEASE CHOOSE EITHER A, C, E, G, AND B, D, F, H	A <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/>	
SEMINAR DAY OPTIONS:		
ADC & IO COMBO DAY	<input type="checkbox"/>	
ADC ANALYTICAL & BIOANALYTICAL DAY	<input type="checkbox"/>	
CMC DAY	<input type="checkbox"/>	
Payment Details Debit card <input type="checkbox"/> Credit Card <input type="checkbox"/>		
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 <input type="checkbox"/>		

Delegate 7		
Name:		
Job Title:		
Email:		
Package(s) - Select ONE package		
FULL ACCESS PASS	<input type="checkbox"/>	
CONFERENCE + WORKSHOP DAY	<input type="checkbox"/>	
CONFERENCE + SEMINAR DAY	<input type="checkbox"/>	
CONFERENCE ONLY	<input type="checkbox"/>	
SEMINAR DAY ONLY	<input type="checkbox"/>	
WORKSHOP DAY ONLY	<input type="checkbox"/>	
WORKSHOP DAY OPTIONS:		
INTRO TO ADCS	<input type="checkbox"/>	
WORKSHOPS: PLEASE CHOOSE EITHER A, C, E, G, AND B, D, F, H	A <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> H <input type="checkbox"/>	
SEMINAR DAY OPTIONS:		
ADC & IO COMBO DAY	<input type="checkbox"/>	
ADC ANALYTICAL & BIOANALYTICAL DAY	<input type="checkbox"/>	
CMC DAY	<input type="checkbox"/>	
Payment Details Debit card <input type="checkbox"/> Credit Card <input type="checkbox"/>		
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 <input type="checkbox"/>		

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