

World ADC San Diego Team Booking Form

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



**October 8-11
Manchester
Grand Hyatt
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 (FULL DAY)

MODELLING & SIMULATION OF ADC (PK/PD) IN DRUG DEVELOPMENT (FULL DAY)

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 (FULL DAY)

MODELLING & SIMULATION OF ADC (PK/PD) IN DRUG DEVELOPMENT (FULL DAY)

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"/>

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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 (FULL DAY)

MODELLING & SIMULATION OF ADC (PK/PD) IN DRUG DEVELOPMENT (FULL DAY)

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"/>

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VAT Number

 Initials

 Date

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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 (FULL DAY)	<input type="checkbox"/>
MODELLING & SIMULATION OF ADC (PK/PD) IN DRUG DEVELOPMENT (FULL DAY)	<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"/>

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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 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 (FULL DAY)	<input type="checkbox"/>
MODELLING & SIMULATION OF ADC (PK/PD) IN DRUG DEVELOPMENT (FULL DAY)	<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"/>

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Name on Card		
Card Number (16 digit number on the front of the card)		
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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 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 (FULL DAY)	<input type="checkbox"/>
MODELLING & SIMULATION OF ADC (PK/PD) IN DRUG DEVELOPMENT (FULL DAY)	<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"/>

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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 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 (FULL DAY)	<input type="checkbox"/>
MODELLING & SIMULATION OF ADC (PK/PD) IN DRUG DEVELOPMENT (FULL DAY)	<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"/>

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Bank Transfer