



2nd Annual Gene Therapy for Rare Disorders *Europe*

22-24 October 2018

London, UK

BOOKING FORM

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 + 1 Workshop _____

Conference Only _____

Workshop Only _____

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
VAT Number	Initials Security code 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 save and email it to your point of contact at Hanson Wade, or info@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.