

REGISTRATION FORM

HILTON HOTEL, CARDIFF
10-11 DECEMBER 2019

DELEGATE NAME: _____

FULL PACKAGE 1

tick

Monday 9th December

Tuesday 10th December

- Overnight Accommodation
- Breakfast in the morning
- Full Conference Pass (inc. lunch)
- Conference Dinner
- Overnight Accommodation

£495

Wednesday 11th December

- Breakfast in the morning
- Full Conference Pass (inc. lunch)

Package offered for delegates wishing to arrive the night before the first day and attend both days of the conference. Includes 2 nights accommodation at the hotel.

FULL PACKAGE 2

Tuesday 10th December

Wednesday 11th December

- Full Conference Pass (inc. lunch)
- Conference Dinner
- Overnight Accommodation
- Breakfast in the morning
- Full Conference Pass (inc. lunch)

£390

Package offered for delegates wishing to arrive the morning of the first day and attend both days of the conference. Includes 1 night accommodation at the hotel.

ACCOMMODATION ONLY

Monday 9th December

Tuesday 10th December

- 1 Night Bed & Breakfast
- 1 Night Bed & Breakfast

£135

£135

DAY DELEGATE

Tuesday 10th December

Wednesday 11th December

- 1 Day Conference Pass (inc. lunch)
- 1 Day Conference Pass (inc. lunch)

£105

£105

CONFERENCE DINNER

Tuesday 10th December

- 3 Course Gala Dinner (Evening)

£50

All prices exclude VAT @ 20%

Sub Total _____

Total inc. VAT _____

DELEGATE INFORMATION

Weqas Lab Code:		Title:	Prof / Dr / Mr / Mrs / Miss / Ms	
Surname:		Forenames:		
Work Address:				
Post Code:				
Phone No:		Fax No:		
Email:				
CPD credits have been applied for. If you wish to receive credits, please tick the appropriate box:		<input type="checkbox"/> IBMS	<input type="checkbox"/> RCPATH	
		<input type="checkbox"/> Other (A general certificate of attendance will be issued)		
Special / Dietary Requirements:				

INVOICE / PAYMENT DETAILS

Method of payment:	<input type="checkbox"/> Pre-paid with Weqas enrolment <i>Please provide the relevant PO Number below.</i>	<input type="checkbox"/> Purchase Order <i>Please provide the relevant PO Number below.</i>	<input type="checkbox"/> Credit Card <i>Please telephone 02921 847810 for instructions on how to pay.</i>
Purchase Order No:			
Hospital / Company Name:			
Invoicing Address:			
Post Code:			

Please return both pages of this form with an **Order Number** to: marketing@weqas.com

Alternatively, please post your form to: Annual Conference, Weqas, Unit 6, Parc Ty Glas, Llanishen, Cardiff, CF14 5DU.