

REGISTRATION FORM

HILTON MANCHESTER DEANSGATE

9-10 DECEMBER 2024

DELEGATE NAME: _____

FULL PACKAGE 1

tick

Sunday 8th December

Monday 9th December

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

£640

Tuesday 10th December

- Breakfast in the morning
- Full Day 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

tick

Monday 9th December

Tuesday 10th December

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

£450

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

Sunday 8th December

Monday 9th December

- 1 Night Bed & Breakfast

- 1 Night Bed & Breakfast

£190

£190

These options are accommodation only, conference passes will need to be added to your registration.

DAY DELEGATE RATE

Monday 9th December

Tuesday 10th December

- Full Day Conference Pass (inc. lunch)

- Full Day Conference Pass (inc. lunch)

£120

£120

CONFERENCE DINNER

Monday 9th December

- 3 Course Gala Dinner (Tuesday Evening)

£70

All prices exclude VAT @ 20%

Sub Total _____

Total inc. VAT _____

DELEGATE INFORMATION

Participant / 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 <i>(A general certificate of attendance will be issued)</i>		
Which of our EQA interpretation sessions is more relevant to you?	<input type="checkbox"/> Laboratory Report and Interpretation and Case Studies <input type="checkbox"/> POCT Report and Interpretation and Case Studies <input type="checkbox"/> Neither		
Special / Dietary Requirements:			

INVOICE / PAYMENT DETAILS

Method of payment:	<input type="checkbox"/> Purchase Order <i>Please provide the relevant PO Number below.</i> <input type="checkbox"/> Credit Card <i>You will be emailed instructions on how to process your card payment.</i>		
Purchase Order No:			
Hospital / Company Name:			
Invoicing Address:			
Post Code:			
VAT Registration / Business Registration Number:			

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.*