



Registration Form

Write in capital letters please.

Title: _____ Male Female

Telephone: _____

Name: _____

Fax No: _____

Practice/hospital name: _____

E-mail: _____

Address: _____

Hotel reservation: Yes No
 Double room Single room

Invoice address: _____

Arrival date : _____ Departure date : _____

GDC No _____

Any Dietary Requests Yes No

I wish to attend to following course:

Course Name: _____

Course Date: _____ Fee: _____ Venue: _____

Payment

By Cheque: Payable to Astra Tech Limited. Account Name: _____ Cheque No: _____

By Credit/Debit Card: Mastercard Visa Maestro Solo

Card number: _____ Vaild from _____ Expires _____

Issue No: _____ Amount £: _____

Date: _____ Signature: _____

