Orthodontic Technicians Association Conference, Coylumbridge Hotel, Aviemore September 6th-7th, 2024 Resident Delegate Form

		and and			
Title Prof Dr Mr Mrs Ms	Miss □	Daytime telephone nu	mber		4
Forename(s)		Email address			
Surname		OTA membership nur	A membership number		
Address		GDC registration num	nber		
7 tudi		Country (if outside U	<		
		Name of accompanyin	g person		
Post Code	Dietary need (state type and number				
Resident delegate section			Cost	√	£
Fee includes conference, accommodation and all meals for 06/09/24 and 07/09/24, including breakfast on 08/09/24	OTA Member cost		£395.00	•	
	Non OTA member cost		£495.00		
Accommodation for additional nights	Thursday 5th Sept.		£129.00		
	Sunday 8th Sept.		£129.00		
	Thursday evening dinner		£30.00		
Accompanying person not attending	Thursday 5th Sept	accommodation	£40.00		
conference, but sharing room with delegate	Friday 6th Sept.	accommodation	£40.00		
Please note: accommodation includes breakfast.		Evening meal	£40.00		
Lunch is not included	Saturday 7th Sept.	accommodation	£40.00		
		Conference dinner	£50.00		
				TOTAL	
Preferred payment method by bank transfermail booking forms to otauk1971@gmail.o Alternatively if paying by GoCardless		it sort code: 40-34-29	acc. No.: 51453	297	
If you would like to pay by installments ple	ase fill in the sec	tion below:			
Pay by 4 Installments					
We ask you to set up a bank transfer for 3 OTA account sort code: 40-34-29 account Any queries, please email: otauk1971@gn	number: 514532				
Please add accompanying person costs to					
Payment amount					
E.g total £					
Please tick if receipt is required by email \Box or pobooking conditions.	ost 🗆 and enclose	a stamped address envelo	ope if required by	post. I ha	ve read the