

Day Delegate Form

Title Prof Dr Mr Mrs Ms Miss		Daytime telephone number			
Forename(s)		Email address			
Surname		OTA membership number			
Address		GDC registration number			
		Country (if outside UK)			
		Name of accompanying person			
		. ,			
Post Code		Dietary need (state type a	na number)		
Non resident delegate section			Cost	✓	£
Day delegate rate - Includes conference, re-			Cost		
freshments and lunch.	Friday 8th Sept. Day delegate fee		£75.00		
(does not include accommodation or evening					
meals)	Saturday 9th Sept. Day delegate fee		£75.00		
Evening entertainment	Friday 8th September dinner at hotel		£40.00		
	Saturday 9th Septem	ber Conference dinner at hotel	£50.00		
			Total		
Preferred payment method by bank transfermail booking forms to otauk1971@gmail Alternatively if paying by GoCardless		t' sort code: 40-34-29 acc.	. No.: 514532	297	
Please tick if receipt is required by email $\hfill\Box$ or booking conditions.	post □ and enclose	a stamped address envelope	if required by	post. I hav	e read the
Signature	• • • • • • • • • • • • • • • • • • • •	Date		• • • • • • • • • • • • • • • • • • • •	