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 and number		

Resident delegate section			Cost	<b>✓</b>	£
Fee includes conference, accommodation and all meals for 12/09/25 and 13/09/25, including preakfast on 14/09/25	OTA Member cost		£465.00		
	Non OTA member co	st	£565.00		
Accommodation for additional nights	Thursday 11th Sept.		£115.00		
	Sunday 14th Sept.	_	£112.00		
Accompanying person not attending	Thursday 11th Sept	accommodation	£40.00		
conference, but sharing room with delegate	Friday 12th Sept.	accommodation	£40.00		
Please note: accommodation includes breakfast.		Evening meal	£40.00		
Lunch is not included	Saturday 13th Sept.	accommodation	£40.00		
		Conference dinner	£50.00		
				TOTAL	
Email booking forms to otauk1971@gmail.  Alternatively if paying by GoCardless please at: jennifer.alexander2@nhs.scot		nder to arrange a pay	vment plan		
If you would like to pay by installments ple	ase fill in the sect	ion below:			
If you would like to pay by installments ple Pay by 4 Installments					
If you would like to pay by installments ple Pay by 4 Installments We ask you to set up a bank transfer for 4 OTA account sort code: 40-34-29 account Any queries, please email: otauk1971@gn	payments over a number: 514532 nail.com	4 months beginning (			
If you would like to pay by installments ple Pay by 4 Installments We ask you to set up a bank transfer for 4 OTA account sort code: 40-34-29 account	payments over a number: 514532 nail.com	4 months beginning (			

Please tick if receipt is required by email  $\square$  or post  $\square$  and enclose a stamped address envelope if required by post. I have read the booking conditions.