



BOOKING FORM

Main Contact Name _____ Main Contact Email Address _____ Main Contact Phone Number _____

Delegate(s) Name(s) _____

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Delegate(s) Job Title(s) _____

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Delegate(s) Email Addresses _____

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Company Name _____

Full Mailing Address _____

ZIP code: _____

Package(s) - Select ONE package per delegate Del 1 Del 2 Del 3 Del 4 Del 5 Del 6 Del 7 Del 8 Del 9 Del 10

Main Conference + Focus Day (chose between option A or B) **A**
B

Conference Only _____

Focus Day Only (chose between option A or B) **A**
B

Total Price _____

Group Discounts:
3+ Delegates 10% • 5+ Delegates 15% • 10+ Delegates 20%

Payment Details		Credit Card	
Name on Card		Card Number (16 digit number on the front of the card)	
Valid From (if applicable)		Expiry Date	Security Code
VAT Number		Initials	Date
<p>OR I will be paying by bank transfer – I understand that the payment must be received before the next booking deadline to claim the current prices. I will be making the bank transfer on _____ date.</p>			
			Bank Transfer

When you have completed the form – please save and email it to your point of contact at Hanson Wade, or register@leap-hr.com

TERMS & CONDITIONS

Full payment including VAT is due upon receipt of registration. If registration is less than 14 days before event full payment is due on registration

CANCELLATION AND SUBSTITUTION POLICY

A substitution from the same organisation can be made at any time in writing at no extra charge. Cancellations must be received in writing. If the cancellation is received more than 14 days before the conference attendees will receive a full credit to a future conference.

Cancellations received 14 days or less (including the fourteenth day) prior to the conference will be liable for the full fee for full registration terms and conditions, please visit the conference website.