



Conference 2018

ONE GREAT GEORGE STREET
WESTMINSTER, LONDON, SW1P 3AA
WEDNESDAY 14 NOVEMBER 2018

DELEGATE BOOKING FORM

PERSON PLACING THIS BOOKING

ORGANISATION

ADDRESS

EMAIL

TELEPHONE

CONFERENCE FEE PER DELEGATE:

£120.00 + £24.00 VAT = £144.00

To include attendance of the ADA's AGM and Annual Conference in the Thomas Telford Lecture Theatre and the Conference Lunch held in the Great Hall.

NUMBER OF DELEGATES:

TOTAL AMOUNT PAID: £

PLEASE COMPLETE THE DELEGATE BOOKING FORM OVERLEAF AND RETURN BY **MONDAY 22ND OCTOBER 2018**

BOOKING INFORMATION

BACS Please use bank details as below and send remittance advice to ADA, Rural Innovation Centre, Avenue H, Stoneleigh Park, Warwickshire, CV8 2LG
Please ensure that the remittance advice clearly states the name of delegate one on the reverse of this form.

BANK Natwest ACCOUNT NAME: ADA SORT CODE: 60 21 05 ACCOUNT NUMBER: 50408143

CHEQUES Should be made payable to 'ADA' and sent to the ADA address above.

CREDIT CARDS Please contact the office.

VAT REGISTRATION NO. 352 6327 61

THIS FORM CAN BE RETURNED BY

EMAIL admin@ada.org.uk

POST ADA, Rural Innovation Centre, Avenue H, Stoneleigh Park, Warwickshire, CV8 2LG

Any queries please contact the ADA Office on: **Tel:** (0)2476 992 889 or
Email: admin@ada.org.uk

DATA PROTECTION

By completing the data on this form, you are giving us consent to reasonably use these details in relation to the ADA Conference.

If you book on behalf of someone else, you must have their consent to use their personal information. We may disclose data to our sub contractors only where necessary for the operation of the event. Otherwise we will never disclose data to any third parties. For further matters regarding ADA's use of personal data please refer to www.ada.org.uk/privacy/

SIGNED DATE

DELEGATE 1

NAME

JOB TITLE / POSITION

ORGANISATION

EMAIL

ADDRESS

DIETARY REQUIREMENTS (including allergies or intolerances)

DELEGATE 2

NAME

JOB TITLE / POSITION

ORGANISATION

EMAIL

ADDRESS

DIETARY REQUIREMENTS (including allergies or intolerances)

DELEGATE 3

NAME

JOB TITLE / POSITION

ORGANISATION

EMAIL

ADDRESS

DIETARY REQUIREMENTS (including allergies or intolerances)

DELEGATE 4

NAME

JOB TITLE / POSITION

ORGANISATION

EMAIL

ADDRESS

DIETARY REQUIREMENTS (including allergies or intolerances)

DELEGATE 5

NAME

JOB TITLE / POSITION

ORGANISATION

EMAIL

ADDRESS

DIETARY REQUIREMENTS (including allergies or intolerances)

DELEGATE 6

NAME

JOB TITLE / POSITION

ORGANISATION

EMAIL

ADDRESS

DIETARY REQUIREMENTS (including allergies or intolerances)