



Conference Registration Form

PERSONAL INFORMATION

Title _____
Given Name _____ Surname _____
Prof. Title _____
Mailing Address _____ Postal Code _____
City/Province _____ Country _____
Telephone _____ Fax _____
Mobile Phone _____ Email _____

CONFERENCE INFORMATION

Name to be Shown on Badge _____

- All Inclusive **Oct. 15-17, 2015** - £460.00
- Two Day Conference Registration **Oct. 16-17, 2015** - £410.00
- AM Workshop **Oct. 15, 2015** - £210.00
- PM Workshop **Oct. 15, 2015** - £210.00
- Full Workshop **Oct. 15, 2015** - £410.00
- One Day **Oct. 16, 2015** - £250.00
- One Day **Oct. 17, 2015** - £250.00

TOTAL _____

PAYMENT INFORMATION

Cheque payable to Anti-Ageing International Ltd. _____

Credit card Type: ___VISA ___MasterCard ___Switch/Solo

We are unable to accept AMEX

Name on the Credit Card (print): _____

Credit Card Number _____

Start Date: _____ Exp. Date _____

Security Number (three last digits on the back of the card): _____

I authorize Anti-Ageing International to charge my credit card. I have provided the amount indicated above. I also agree to pay above total according to my card issues agreement.

Authorized Signature: _____ Date _____

EMAIL TO: london@antiageingconference.com

FAX TO: +44(0) 207 491 0410

Or send to the secretariat AACL:

38 Regent on the River William Morris Way
London SW6 2UT, United Kingdom