



### 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 \_\_\_\_\_

- I am A BANT member
- All Inclusive **Oct. 13-15, 2016** –£460.00
- Two Day Conference **Oct. 14-15, 2016** - £410.00
- AM Workshop **Oct. 13, 2016** - £210.00
- PM Workshop **Oct. 13, 2016** - £210.00
- Full Workshop **Oct. 13, 2016** - £410.00
- One Day **Oct. 14, 2016** - £250.00
- One Day **Oct. 15, 2016** - £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](mailto:london@antiageingconference.com)  
 FAX TO: +44(0) 207 491 0410  
 Or send to the secretariat AACL:  
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 London SW6 2UT, United Kingdom