



Anti Ageing Conference London 2018

www.antiageingconference.com



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 _____

- Workshop, Full Day **Oct. 11, 2018** - £150.00
- All Inclusive Workshop + Conference + Reception **Oct. 11-13, 2018** – **£499.00**
- Two Day Conference + Reception **Oct. 12-13, 2018** - **£410.00**
- 1 Day, Day Two + Reception **Oct. 12, 2018** - £299.00
- 1 Day, Day Three **Oct. 13, 2018** - £189.00

TOTAL _____

PAYMENT INFORMATION

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

Or send to the secretariat AACL:

38 Ferrymans Quay, William Morris Way
London SW6 2UT, United Kingdom