



# 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](mailto:london@antiageingconference.com)

Or send to the secretariat AACL:

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