Best Practice Seminar 2008
Booking Form

Myers La Roche

Please use this form to book one delegate only. Either photocopy or request another form for other delegates.

Full Name:	
AOP/GOC Membership Number:	(If appropriate)
Practice Name:	
Address:	(Postcode)
Telephone Number:	
Email Address:	

Please indicate your choice of venue by ticking the box next to the appropriate date:

Location	**Date**	**Tick box**	**Location**	**Date**	**Tick box**
London	31 March	☐	Darlington	12 May	☐
Edinburgh	7 April	☐	Manchester	19 May	☐
Taunton	14 April	☐	Bracknell	2 June	☐
Belfast, Templepatrick	21 April	☐	Cardiff	9 June	☐
Warwick	28 April	☐	Peterborough	16 June	☐

Fees:-

Type of booking	Fee	17.5% VAT	Total Due
AOP Members	£200.00	£35.00	£235.00
Non Members	£295.00	£51.63	£346.63

I enclose a cheque for £ ____________ payable to The Association of Optometrists;   or

Please charge my credit/debit card:-

MasterCard ☐   Visa ☐   Switch ☐   Maestro ☐

Name on card:- é .

Billing address if different from above: é ..

é ...

Card No: /___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/

Valid from:é é .../é é é   Security code:é é ./é .é ./é é .   Expires:é .é ./é é ...   Issue no:é é é ..

Signature	Please complete and return this form to: **Linda Marriott** **AOP, 61 Southwark Street, London, SE1 0HL** **Tel: 020 7202 8166** **Fax: 020-7261 0228** **Email: lindamarriott@aop.org.uk**

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