Association of Optometrists

35th HOSPITAL OPTOMETRIST'S ANNUAL CONFERENCE

MAJESTIC HOTEL, HARROGATE, NORTH YORKSHIRE

27th November – 29th November 2009

BOOKING FORM – PLEASE USE A SEPERATE FORM FOR EACH CONFERENCE DELEGATE

(This conference is open to all optometrists - you do not have to work in a hospital to attend.)

Please reserve for me a place at the 2009 Hospital Optometrist's Annual Conference.

Surname: **Title:** **Forename:**

PRACTICE ADDRESS: **GOC No.**

At which hospital(s) do you work?

Tel. No.(Day) **Tel. No.(Evening)**

Fax. No. **E-mail**

OPTION 1 RESIDENT DELEGATE **£389-00** [ ]

Includes All Conference fees, Conference Handbook, Friday & Saturday Night Accommodation, Friday: Evening buffet. Saturday: Breakfast, Morning Coffee, Lunch, & Afternoon tea, Evening Reception, Conference Dinner & Entertainment. Sunday: Breakfast, Morning Coffee, and Lunch.

Non Delegate Partner **(Accompanying a resident delegate)** **£134-00** [ ]

Includes Friday & Saturday: Accommodation & Breakfasts, Friday: Evening Buffet, Saturday Evening Reception, Conference Dinner and Entertainment. NB Excludes lunches.

Name of Partner: _____

OPTION 2 NON RESIDENT DELEGATE **£259-00** [ ]

Includes All Conference Fees & Conference Handbook, (NO residential accommodation,) Saturday: Morning Coffee, Lunch, Afternoon Tea, Evening Reception, Conference Dinner & Entertainment. Sunday: Morning Coffee & Lunch.

Observer places at a special reduced rate are available for those who will be bone fide full time hospital employed pre reg. or post-graduate optometry students at the time of the meeting. The A.O.P. may limit the number of places at these special rates. Written confirmation of status, from your supervisor, is needed with the booking.

OPTION 3 RESIDENT OBSERVER **(As Option1 details)** **£309-00** [ ]

OPTION 4 NON RESIDENT OBSERVER **(As Option 2 details)** **£179-00** [ ]

THE FOLLOWING NOTES APPLY TO ALL BOOKINGS:

Accommodation: **Is at Barcelo Majestic Hotel, Harrogate, North Yorkshire, HG1 2HU. Visit http://www.barcelo-hotels.co.uk for full hotel details.**

Cancellation: **Cancellations must be made in writing & are subject to administration charges. Full charges remain payable for any cancellation after 30th September 2009.**

Programme: **The organisers reserve the right to amend/change the conference programme.**

- **Please debit my: MasterCard [ ] Visa [ ] Switch [ ] Visa Debit [ ]**

Name on Card _____ **Card Security Code**

Card Number |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| |_|_|_| **(Last 3 Digits)**

Issue Date [ ] Expiry Date [ ] Issue Number [ ]

- **I enclose a cheque for £_____ payable to "Association of Optometrists"**

PLEASE NOTE: Fees NOT settled prior to event are subject £40-00 per person surcharge. All rates include VAT.

Signed _____ **Date** _____

Please indicate here if you have any special dietary requirements:

HOAC35

HOSPITAL OPTOMETRISTS ANNUAL CONFERENCE

Return to: HOAC35 Event Booking, Association of Optometrists, 61 Southwark Street, London, SE1 0HL