



Association of British Dispensing Opticians



National Optometric Conference

Held on: 26th & 27st November 2009

At: The Majestic Hotel, Harrogate, North Yorkshire HG1 2HU

BOOKING FORM

Please use this form to book only **one** delegate. To book a further delegate please photocopy the form or download a form from <http://www.aop.org.uk>

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|---|--|
| Name: (to appear on your name badge) Mrs / Mr / Ms / Miss / Other..... | Are you an ROC/LOC delegate? YES/NO Please state which ROC/LOC |
| If you are a representative from a primary care organisation, please indicate which one: | |
| Address:..... | |
| Postcode.....Daytime Tel. No..... | |
| Email:.....AOP Membership No..... | |

Package and fees (incl VAT) (please indicate your choice by ticking the box)

NOC Resident £525.00 incl VAT

Included: **Wednesday; Evening Buffet & Overnight Accommodation.**
Thursday; Breakfast & NOC conference programme including Lunch, Conference Dinner & Overnight Accommodation.
Friday; Breakfast & NOC conference programme including Lunch

NOC Non-Resident £315.00 incl VAT

Included: **Thursday; NOC conference programme including Lunch & Conference Dinner**
Friday; NOC conference programme including Lunch
NO ACCOMMODATION INCLUDED

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| I enclose my cheque (including VAT) payable to Association of Optometrists <input type="checkbox"/> | Credit/debit card billing address if different from above |
| OR Please charge my credit/debit card | |

Mastercard [] Visa [] Switch [] Maestro []

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

Name on card:.....

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| Signature | Please complete and return this form to: Linda Marriott AOP, 61 Southwark Street, London, SE1 0HL Fax 020 7261 0228 Email: lindamarriott@aop.org.uk |
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Please advise on any special dietary requirements.....