

Registration Form

(Only one attendee per form please, photocopies are acceptable)

Title	First Name	Surname
Address		
Town	County	
Postcode	Daytime telephone number	

Registration Fees (to include coffees, lunches, teas)

BSRD member	£250	Non-member	£275
Dental Technicians and Retired Members	£150	VDPs and Postgraduate Students	£150

Yes, I wish to attend BSRD conference on 5th and 6th May 2006.

Please tick appropriate conference fee box:

BSRD member Non-member VDPs and Postgraduates Dental Technicians and Retired Members

Please reserve place(s) for the Black Tie Conference Dinner & Dance at £50 per person.

Name(s) of guest(s) _____

Dietary requirements _____

TOTAL AMOUNT PAYABLE £ (zero VAT)

Please make cheques payable to the **British Society for Restorative Dentistry** and forward to:

Miss Hilary Griffiths, Administrative Secretary, British Society of Restorative Dentistry, Leeds Dental Institute, Clarendon Way, Leeds, West Yorkshire LS2 9LU
Closing date for applications 22nd April 2006.

Accommodation

Please complete the separate accommodation booking form as soon as possible and return directly to **The Roxburghe Hotel**.

Accommodation Form

(Only one room booking per form please, photocopies are acceptable)

Please complete the accommodation booking form below and return by 22nd April 2006 either **by post to: Reservations Desk, Macdonald Roxburghe Hotel, 36 Charlotte Square, Edinburgh EH2 4HG** or **by fax to: 0131 240 5555**. For any additional information, please contact the hotel directly on **0870 194 2108**.

Personal Details for whom the room is to be booked

Title	First Name	Surname
Address		
Town	County	
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Accommodation (per night includes breakfast and VAT) Standard Single Bedroom £95 Standard Double Bedroom £125

Date of arrival May 2006 Date of departure May 2006 Number of nights

Payment Details

Bookings can not be confirmed by the hotel unless a credit card number is provided to guarantee the booking. Please note this is NOT a payment for the room, you should settle the bill with the hotel on departure. In the case of non-arrival or late cancellation, the hotel may make a cancellation charge against the card number or invoice directly to the address provided.

Cardholder's Name (as on the card) _____

Credit Card AMEX VISA ACCESS MASTERCARD

Card Number

 Expiry Date

Three digit security code on the reverse (if applicable)

Signature _____

Miss Hilary Griffiths
Administrative Secretary
British Society of Restorative Dentistry
Leeds Dental Institute
Clarendon Way
Leeds
West Yorkshire
LS2 9LU

Reservations Desk
Macdonald Roxburghe Hotel
36 Charlotte Square
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