



5th Annual
AHA Summit 2018
 Advanced Healthcare Analytics

**BOOKING
FORM**

May 22-24, 2018 | Boston, MA
www.advancedhealthcare-analytics.com

Main Contact Name	Main Contact Email Address	Main Contact Phone Number
<hr/>	<hr/>	<hr/>

Delegate(s) Name(s)	
1.	5.
2.	6.
3.	7.
4.	8.

Delegate(s) Job Title(s)	
1.	5.
2.	6.
3.	7.
4.	8.

Delegate(s) Email Addresses	
1.	5.
2.	6.
3.	7.
4.	8.

Company Name
<hr/>

Full Mailing Address	
<hr/>	<hr/>
	Postcode: <hr/>

Package(s) - Select ONE package per delegate	Del 1	Del 2	Del 3	Del 4	Del 5	Del 6	Del 7	Del 8
CONFERENCE + 1 WORKSHOP								
CONFERENCE ONLY								
WORKSHOP ONLY								

Total Price
<hr/>
<hr/>

Payment Details		Credit Card
Name on Card	Card Number (16 digit number on the front of the card)	
Valid From (if applicable)	Expiry Date	Security Code
VAT Number	Initials	Date
OR I will be paying by bank transfer - I understand that the payment must be received before the next booking deadline to claim the current prices. I will be making the bank transfer on _____ date. Bank Transfer		

When you have completed the form - please save and email it to a member of Hanson Wade staff or info@hansonwade.com

TERMS & CONDITIONS

Full payment including VAT is due upon receipt of registration. If registration is less than 14 days before event full payment is due on registration.

CANCELLATION AND SUBSTITUTION POLICY

A substitution from the same organisation can be made at any time in writing at no extra charge. Cancellations must be received in writing. If the cancellation is received more than 14 days before the conference attendees will receive a full

credit to a future conference. Cancellations received 14 days or less (including the fourteenth day) prior to the conference will be liable for the full fee for full registration terms and conditions, please visit the conference website.