



www.seguros-masivos.com

Main Contact Name		Main Cor	in Contact Email Address			Main Contact Phone Number				
Delegate(s) Name(s)		·				-				
1.		5.								
2.		6.								
3.		7.								
4.		8.								
Delegate(s) Job Title(s)										
1.		5.								
2.		6.	6.							
3.		7.								
4.		8.								
Delegate(s) Email Addresses										
1.		5.								
2.		6.	6.							
3.		7.								
4.		8.								
Company Name										
Full Mailing Address		Postcod	e:							
Package - Select ONE package p	er delegate	Del 1	Del 2	Del 3	Del 4	Del 5	Del 6	Del 7	Del 8	
GOLD PACKAGE - CONFERENCE + 2 WORKSHOPS										
SILVER PACKAGE - CONFERENCE + 1 WORKSHOP										
BRONZE PACKAGE - CONFE	RENCE ONLY									
WORKSHOP ONLY										
PLEASE SELECT YOUR WORKSHOPS		A□ B□	A□ B□	A□ B□	A□ B□	A□ B□	A□ B□	A□ B□	A□ B□	
Total Price										
Payment Details										
Name on Card		Card	Card Number (16 digit number on the front of the card)							
Valid From (if applicable)	Expiry Date	Secur	Security Code (3 digit number above the signature strip)							
VAT Number	Initials		Date							

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