

## Registration form

**Please complete in full and return by 21 April 2005 to:**

Linda Hay, Children's Dental Health Survey

by fax : **+44 (0) 20 7533 5499** or by mail to:

Room D204,

Office for National Statistics, 1 Drummond Gate, London SW1V 2QQ

Tel: 020 7533 5396

E-mail/enquiries: [cdh@ons.gov.uk](mailto:cdh@ons.gov.uk)

**Delegate details:**

|                    |
|--------------------|
| Title:             |
| Full name:         |
| Organisation name: |

**Contact address:**

|                         |
|-------------------------|
| Building name / number: |
| Street:                 |
| Town/city:              |
| County:                 |
| Postcode:               |

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|-------------------|
| Telephone number: |
| Fax number:       |
| Email address:    |

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| Special dietary or other needs:<br>(please specify) |
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**The symposium fee is £80.00**

All fees are inclusive of VAT at 17.50%

**Children's Dental Health Symposium**  
12 May 2004. Congress Centre, London

**Method of payment:** Please note all payments must clear prior to the Symposium.

We accept Switch, Visa or MasterCard, cheque or BACS payment  
Please make cheques payable to: Office for National Statistics

For BACS payment details please contact: [accounts.receivable@ons.gov.uk](mailto:accounts.receivable@ons.gov.uk)

Credit card Hotline number: 01329 813707

Switch card. Issue No: .....

**Credit Card Type:** Visa  MasterCard

**Expiry Date:**   mm   yy

**Card Number:**

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**Payment acknowledgement address (if different to contact address):**

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|-------------------|
| Cardholders name: |
| Name/number:      |
| Street:           |
| Town/city:        |
| County:           |
| Postcode:         |

Please debit my account for £80.00 as payment for the Symposium on Children's Dental Health 2003.

I confirm that all the information given above is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Data protection: (Registration No. Z6963425).  
We will only use your personal details to contact you regarding the Children's Dental Health Symposium.