

**REGISTRATION FORM**

**Career Counselling  
Teaching**

56 Queen Anne Street  
London W1G 8LA  
Tel 020 7317 3109  
Fax: 020 7317 3110  
Email: office@nact.org.uk

Wednesday 19<sup>th</sup> September 2007

**Title**

(Prof, Dr, Mr(s)): \_\_\_\_\_ **First name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Postgrad Centre:** \_\_\_\_\_

**Postgrad Centre Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Please specify any dietary requirements:** \_\_\_\_\_

I wish to register for the Career Counselling Teaching Workshop at the British Dental Association, 64 Wimpole Street, London on Wednesday 19<sup>th</sup> September 2007

Registration fee including lunch and refreshments is £260.00 plus £45.50 VAT

I enclose a cheque\*/BACS advice\*/request an invoice\* for £305.50 made payable to "National Association of Clinical Tutors"

Please return this form as soon as possible to: NACT, 56 Queen Anne Street, London W1G 8LA

No refunds for cancellation within 10 days of the course start date

\* Please select accordingly

(Bank details: HSBC, 117 Great Portland Street, London W1A 4UY. Account #: 31221809 sort code: 40-03-15  
Please quote our invoice number/delegate's surname as reference)