**Conference Application Form**

**Wednesday 1st November 2017 Mosaic Reform Synagogue**

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| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| E-mail address |  |
| Telephone/Mobile |  |
| Organisation/Group |  |

I would like to apply for a Blue Badge holder parking space (available only if space permits) 🞎 (PLEASE ✓)

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| Please tell us about any particular dietary requirements (allergies, vegetarian/vegan, religious etc.) |

Please choose **TWO** workshops (PLEASE ✓)

|  |  |
| --- | --- |
| 1. Beginnings (Emmie McGregor)
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| 1. Boundaries (Paul Parsons)
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| 1. Is Listening Enough? (Ruth Caleb)
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| 1. Blocks to Bereavement: The Elephants in the Room (Jim Kuykendall)
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| 1. Opening Doors with Bereaved Children (Lesley Lopez)
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| 1. Endings (Jacky Clifford)
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**Conference fee**

**Early Bird booking** **before 31st August**

**£65.00** (£40.00 Special rate for Bereavement Care Corporate / Individual members)

**Standard Booking** from 1st September

**£75.00** (£50.00 Special rate for Bereavement Care Corporate / Individual members)

**Student rate (on application)**

**Payment details**

**Full payment should accompany all bookings.** You can make payment by bank transfer or cheque.

 I am paying £\_\_\_\_\_\_\_\_\_ by bank transfer to: **Bereavement Care**
Account No: **42281287**  Sort code: **40-23-13** Reference: **Conference**

**OR**

 I enclose a cheque for £\_\_\_\_\_\_\_\_\_\_ made payable to **Bereavement Care**

*If you are paying for several delegates with one cheque or bank transfer, please send us a list of their names, and the name of your organisation.*

Please return your application form as soon as possible to:

**Conference Bookings, Bereavement Care, The Lodge, 64 Pinner Road, Harrow HA1 4HZ**

or e-mail to: **admin@bereavementcareandsupport.co.uk**

At Bereavement Care, we are moving towards greater use of email to keep in touch with our volunteers and supporters and to send information about our Annual Conference, courses and events.

*I agree to my contact details being held on the Bereavement Care database and I give my consent for this data to be used by representatives of Bereavement Care to communicate with me regarding courses and events. I understand that my details will be held in accordance with the Data Protection Act and will not be shared with third parties outside of Bereavement Care.*

If you **DO NOT** want Bereavement Care to keep your contact details or to be contacted by email in future, please tick this box 🞎 **TO OPT OUT**.

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