**Conference Application Form**

**Wednesday 26th October 2022 *New Venue*: Emmanuel Church, Northwood**

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

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

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| --- |
| Some workshops may be located upstairs. Do you have any mobility issues that would make it difficult for you to ascend/descend stairs? **[ ] YES, I HAVE SOME MOBILITY ISSUES [ ] NO MOBILITY ISSUES** |

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

**Afternoon Workshop 1st Choice If oversubscribed, Workshop ‘Reserve’ Choice**

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| --- | --- |
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**Conference fee**

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

**£65.00** (£45.00 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: **43231545**  Sort code: **23-05-80** Reference: **Conference** <Surname>

**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. For Official Orders and Invoicing, please contact our office.*

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**

Your privacy is important to us and we would like to communicate with you about our charity, the work we do, our training, activities and our Annual Conference. We will also be providing a list of delegates and their organisations as part of the delegate information pack on the day (however, NO personal contact details will be given). To do so we need your consent. Please confirm your consent by ticking the box below and adding your signature. **You can find out more about how we use your personal data by reading our privacy notice which you can find on our web-site:** [**www.bereavementcareandsupport.co.uk/policies-procedures**](http://www.bereavementcareandsupport.co.uk/policies-procedures)(also available from our Office on request).

*I agree to Bereavement Care contacting me about the Annual Conferences, Training Courses, Workshops and other activities in which I may be interested. I consent to my name and representative organisation being distributed to other delegates at the Conference. I am aware that occasionally names and photographs may appear in newsletters, bulletins or on the Bereavement Care web-site. I know that I can withdraw or change my consent at any time by contacting the Bereavement Care Office.*

**✓ in this box to OPT IN**

🞎 I give consent to my personal details being used, as described above.

 (Signature)

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