

# Booking Form

**Name** \_\_\_\_\_

**Organisation** \_\_\_\_\_

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

**Address** \_\_\_\_\_

\_\_\_\_\_

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

**Signature** \_\_\_\_\_

**Delegates Fees** Enter number of seats required onto lines

**Full Rate**     **£100**     **Healthcare / Educational Professionals**     \_\_\_\_\_

**Middle Rate**   **£85**     **Alternative Therapists, Members of the Public**     \_\_\_\_\_

**Lower Rate**    **£35**     **Carers, Service Users, Students**     \_\_\_\_\_

Fees include refreshments and conference materials. Lunch is provided

## Payments

Paypal: [info@chy-sawel-project.co.uk](mailto:info@chy-sawel-project.co.uk)

BACS: acct no – 13234096     Sort code – 20-67-19

Cheques made to Chy-Sawel , Anjue House, Trevalgan Hill, St.Ives TR26 3BJ

(Chy-Sawel is a registered charity. Registration no. 1142668)

## Terms and Conditions

Booking forms must be submitted no later than 20<sup>th</sup> Oct 16

No refunds can be made for any cancellations after 20<sup>th</sup> Oct. Substitute delegates are welcome

At the time of going to press this programme was deemed correct. We reserve the right to cancel or alter any part of the programme due to unforeseen circumstances.

### Data Protection

We hereby confirm that information you give on this form will be treated with strictest confidence and will not be passed on to other individuals or organisations.