



## DELEGATE BOOKING FORM

Please complete all boxes using **BLOCK CAPITALS** and return by post or fax to the address at the bottom of the page.

### Conference Details

Please tick box if you need a map for directions

EVENT TITLE		£
EVENT TITLE		£
EVENT TITLE		£
Less Discount (ie 10% or 15% if applicable)		
<b>Total Cost</b>		£

### Delegate Details (Please note, we require one completed form per delegate)

FIRST NAME	
SURNAME	
ORGANISATION <small>(IF APPLICABLE)</small>	
ADDRESS	
POSTCODE	
TELEPHONE NUMBER	
FAX NUMBER	
E-MAIL	
ANY SPECIAL REQUIREMENTS	

**Please make cheques payable to "ACTION FOR A.S.D."**

**B.A.C's payment : Lloyds TSB, Sort code : 30-11-48, Account No : 00814495**

### Invoice Payments (please complete below)

INVOICE FOR ATTENTION OF:	
PURCHASE ORDER NUMBER:	
ADDRESS	
POSTCODE	
CONTACT NUMBER	

Data protection notice - For the purposes of the Data Protection Act 1998, the data provided will be processed and only used for the purposes of conference administration and thereafter only statistical and research purposes.

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

- BOOKING CONFIRMATION WILL BE FORWARDED UPON RECEIPT OF THIS FORM.
- IF YOU WISH TO CANCEL YOUR PLACE, YOU MUST INFORM US IN WRITING, AT LEAST 7 DAYS PRIOR TO THE EVENT, OTHERWISE YOU WILL BE CHARGED THE FULL COURSE FEE.

**Action for ASD, Suite 7 Kingsmill, Queen St, Harle Syke, Burnley, Lancashire, BB10 2HX  
Tel: 01282 415 455, Email: info@actionasd.org.uk, Website: www.actionasd.org.uk**