

# Booking Form for Chy-Sawel Conference.

Name: -----

Organisation:-----

Telephone:-----

Address:-----

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E-mail:-----Date:-----

Signature:-----

**Please advise of any special dietary or other requirements.**

## **Delegates Fees**

Enter number of seats required onto lines.

Full Rate	£75	Healthcare/Educational Professionals.	-----
Middle Rate	£45	Complimentary Therapists, Members of the Public.	-----
Lower Rate	£20	Carers, Service Users, Students.	-----

Fee includes lunch, refreshments & conference material.

## **Booking Details**

Please make cheques payable to Chy-Sawel and post with this form

**To:** Anjue House, Trevalgan Hill, St. Ives, Cornwall, TR26 3BJ.

**Telephone:** 01736 795748.

(Chy-Sawel is a company limited by guarantee & non profit making.) **Charity Reg. No 1142668.**

## **Terms & Conditions**

Booking Forms must be submitted no later than 6th. October 2011.

No refunds can be made for any cancellation after 6th. October but 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 their organisations.