



BOOKING FORM: CdLS Foundation 2009 World Federation Conference

DETAIL OF PERSON MAKING THE BOOKING:

Family name: _____ Address: _____

Telephone no: _____ E-mail: _____

ARE YOU: A family with a CdLS member? Name of person: _____ D.O.B: _____

A professional Type: _____

Other Detail: _____

REGISTRATION FOR CONFERENCE:

Includes provision of conference materials, breakfast (Fri, Sat, Sun) and lunches, (Fri and Sat) transport and entry fees for any tours, Friday evening party, teas and coffees during conference and provision of childcare.

Cost £100 per adult / £50 per child (aged 2-15) / Person with CdLS is free (£0)

FAMILY NAME	FIRST NAME	ADULT/CHILD (age)	ANY LANGUAGES SPOKEN?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

HOTEL:

The Metropole hotel rooms can take a maximum of four people. Rooms are £100 per night during the period of the conference. Price includes all taxes.

Number of rooms required? Date of check-in: and check-out:

Number of nights x £100 =

Special requests: (eg. cot required etc) _____

GALA DINNER:

There will be a special gala banquet with live entertainment on the Saturday evening. Tickets are £35 for adults £20 for children (including CdLS).

PAYMENT:

ITEM	NUMBER	AMOUNT	TOTAL
ADULT REGISTRATIONS	x	£100	
CHILD REGISTRATIONS	x	£50	
CDLS REGISTRATION	x	£0	
HOTEL ROOM NIGHTS	x	£100	
GALA DINNER (adults)	x	£35	
GALA DINNER (children)	x	£20	

TOTAL DUE

£ .

I authorise CdLS Foundation to take a deposit of £100 immediately and the balance of the amount due on June 1st 2009.

Signature:

CREDIT CARD TYPE:

VISA Mastercard American Express

Credit card no:

Valid from: Expiry date:

Security number: (last 3 digits shown on rear of card)

Cardholder name: _____

Billing address: _____

Post code: _____