

BOOKING FORM

EVENT TITLE:		
DATE & TOWN:		
CONTACT NAME:		TEL:
EMAIL:		
ORGANISATION NAME:		
ADDRESS:		
POST CODE:		
DELEGATE NAME(S): (For more than 4, use separate sheet)	STATUS: ASC/ Family / Professional	JOB TITLE: (If Professional)
1		
2		
3		
4		
NO OF PLACES REQUIRED:		TOTALS:
..... PROFESSIONALS @ (£30 plus 17.5% vat) £35.25		= £.....
..... PEOPLE WITH ASC @ (£20 plus 17.5% vat) £23.50		= £.....
..... FAMILY MEMBERS @ (£20 plus 17.5% vat) £23.50		= £.....
ENCLOSED CHEQUE TOTAL:		£.....
INVOICE ADDRESS (only for those paying professional rates and requiring a vat invoice)		
EMAIL INVOICE TO:		
SPECIAL NEEDS (eg mobility, sensory, dietary):		
TERMS & CONDITIONS:		
Please see attached terms & conditions and privacy & cancellation policies, and note that when you submit this booking form, you are deemed to be accepting and agreeing to them.		
MAILING LIST:		
We will add you to our emailing list for information about our future events. We will not share your details with anyone else. If you do NOT want to be on our emailing list, tick here: <input type="checkbox"/>		

Please send with your cheque to: Autism Oxford, PO Box 57, Chinnor OX39 4XB or

Book and pay online at www.autismoxford.org.uk/bookingpage.html