



ATCM 2017

CONFERENCE

BOURNEMOUTH 29–30 JUNE



BOOKING FORM

We hope you will attend the whole event and celebrate the ATCM and Purple Flag awards with us

The event this year will take place over two days and will include study tours, workshops and a variety of plenary sessions covering a range of topics.

Accommodation can be booked separately and directly with the hotels in Bournemouth, all of which you can find on our website along with more details of the event.

The flexibility of the event means you can bring a colleague with you to attend the whole event, or specific sessions such as the study tours.

To apply, please complete this form either electronically or by printing it out. Please don't forget to sign and date the form. Then send the form to us along with payments or a Purchase Order via email to office@atcm.org or via post to: ATCM, 32-36 Loman Street, London SE1 0EH.

1. DELEGATE PACKAGE

Please select your delegate package

All prices are excluding VAT

	PRACTITIONERS		COMPANIES
	Standard Practitioners Members	Standard Practitioners Non Members	Standard (Price) Company Members
P1. Full programme (inc study tours and dinner)	£190	£235	£245
P2. Friday only	£100	£135	£140
P3. Awards dinner and Friday only	£160	£195	£200
P4. Awards dinner only	£60	£60	£60

2. MAIN DELEGATE DETAILS

Organisation:

Position:

Salutation: First Name: Surname:

Address:

Postcode:

Email: Telephone:

Special Requirements / Accessibility Requirements / Dietary Requirements (please detail):

If invoice address is different from above, please give here:

3. PAYMENT DETAILS

I have read and accept the terms and conditions outlined below

Please tick as appropriate

Please invoice me for package No: + VAT

Purchase Order Number:

Cheque (cheques should be crossed and made payable to ATCM)

BACS Payment to: ATCM, Lloyds TSB Bank, Account No. 01440295, Sort Code 30-92-32 (please quote your organisation as a reference)

Signed

Date

For additional delegates please complete the *Additional Delegate Form* overleaf.

All Packages are for the conference only with accommodation to be booked separately by delegates (please see our website for accommodation advice).

TERMS & CONDITIONS:

On completion, this form represents a legally binding contract in which the following terms and conditions apply:

1. The delegate/attendee are the person named on this form. **2.** No places can be reserved without a completed booking form. **3.** Cancellations must be made in writing. No refunds unless more than 21 days before event. **4.** We will accept substitute delegates at any time up to 24 hours prior to the event. **5.** If places are booked and delegates fail to show up at the event a £50 admin charge will be applied. **6.** ATCM reserves the right to change the venue and speakers at any time without prior notice. **7.** ATCM reserves the absolute right to cancel the event. The data given on this form will be held on ATCM records and may be used for future relevant ATCM activities. If you do not wish to receive further information please write to the ATCM on the address above. **8.** Members rates only apply to members who have paid their membership fees and have no outstanding balances on their account.

ADDITIONAL DELEGATE FORM

Each delegate booked is bound by the same Terms and Conditions as the main delegate, as found on page 2 of this booking form.

Delegate Details:

Organisation:

Position:

Salutation: First Name: Surname:

Address:

Postcode:

Email: Telephone:

Special Requirements / Accessibility Requirements / Dietary Requirements (please detail):

Delegate Details:

Organisation:

Position:

Salutation: First Name: Surname:

Address:

Postcode:

Email: Telephone:

Special Requirements / Accessibility Requirements / Dietary Requirements (please detail):

Delegate Details:

Organisation:

Position:

Salutation: First Name: Surname:

Address:

Postcode:

Email: Telephone:

Special Requirements / Accessibility Requirements / Dietary Requirements (please detail):

Delegate Details:

Organisation:

Position:

Salutation: First Name: Surname:

Address:

Postcode:

Email: Telephone:

Special Requirements / Accessibility Requirements / Dietary Requirements (please detail):