

For office use only

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| *Date Rec’d* | *Delegate No.**IC318/* | *Invoice Date* |
| *Amount Received* | *Cheque No* | *Date Fee Received*  |

**Booking Form** **GEM Intermediate Course:** ***Health and Wellbeing***

I am attending: [ ]  **LONDON:** Monday 10 September 2018 at 10.00-16.00, V&A Museum of Childhood

 [ ]  **BRISTOL:** Tuesday 20 November 2018 at 10.00-16.00, RWA

***The latest date for receipt of bookings and payments is two weeks before the workshop.***

All delegates should complete a booking form and return it (with payment if possible) to:
*GEM Office, 54 Balmoral Road, Gillingham, Kent, ME7 4PG.*
Tel/fax: +44 (0) 1634 853424 Email: office@gem.org.uk

## A. Delegate Details

|  |  |  |  |
| --- | --- | --- | --- |
| Forename: |   | Surname: |   |
| Job title: |   |
| Organisation: |   |
| Address1: |   |
| Address2: |   |
| Town: |   | Postcode: |   | Country: |   |
| Tel: |   | Email: |   |
| Special Requirements: (including diet) |  |

All correspondence will be sent by email, so please ensure you have provided your email address clearly above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of delegate: |[ ]  (a) | GEM Member |  |   |
|  |  |  |  |  |  |
|  |  Membership number:   |
|  |  |
|  |  | *This information is essential for claiming the member’s discount. GEM Institutional Membership covers the attendance of up to four members of staff.* |
|  |[ ]  (b) | Non-member |

**B. Payment Details** – ***Full payment must be made two weeks prior to the workshop date.***

The course fee is £125 for GEM members and £160 for non-members.

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| --- | --- | --- |
|  | [ ]  |  I enclose a cheque (in Pounds Sterling made payable to *GEM*) for £\_\_\_\_\_\_ . |
|  | [ ]  |  I am sending payment of £\_\_\_\_\_\_ directly into GEM’s CAF Bank account:  Sort code: 405240; Account number: 00018119. *(If overseas, please contact the GEM office.)*  |
|  | [ ]  |  Please invoice me (or authorised payer) for £\_\_\_\_\_\_. An official purchase order must be attached. No:\_\_\_\_\_\_ |
|  | [ ]  |  I would like to make the payment of £\_\_\_\_\_\_ by card.  *Please note you can also provide your card payment details over the phone.*  |
|  Card no:  Name:  Signed:  | Expiry date (MM/YY): SIC (3 digits on back): Today’s date:  |

*Refunds for cancellations, which cannot be accepted two weeks prior to the workshop date, are subject to a £15 admin charge.*

## C. Personal Statement

GEM stores personal details securely and will never share your information with a third party.

|  |  |  |
| --- | --- | --- |
| I give consent for GEM to: |[ ]  Share my email address with my fellow course participants to create a peer support network. |  |
|  |  |  |  |
|  |  |  |

I agree to attend the one-day workshop and complete all supporting pre and post workshop activities and adhere to all other requirements of this course. I understand that, in order for the course to be fully delivered, my contact details will be shared with the course director.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |   | Date: |   |

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