GEM Logo_vhl_v1

For office use only

|  |  |  |
| --- | --- | --- |
| *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](mailto: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.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | 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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