***For office use only***



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

**Booking Form GEM INTERMEDIATE COURSE: *HERITAGE INTERPRETATION***

Virtual 6-week course:Wednesday, 3 June 2020 – Wednesday, 8 July 2020

# The latest date for receipt of bookings and payments is 2 weeks before the first virtual lecture.

All delegates should complete a booking form and return it (with payment if possible) to: ***GEM, Joiners Shop, Historic Dockyard, Chatham, Kent Gillingham, Kent, ME4 4TZ.***

Tel/fax: +44 (0) 1634 853424 Email: office@gem.org.uk

*The GEM Office is currently closed, and staff are home working. Please direct all booking forms, enquiries and payments to* *office@gem.org.uk**.*

1. **DELEGATE DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Forename: |  | Surname: |  |
| Job title: |  |
| Organisation: |  |
| Address1: |  |
| Address2: |  |
| Town: |  | Postcode: |  | Country: |  |
| Tel: |  | Email: |  |

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

Access requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of delegate: | ☐ | (a) | GEM Member | ☐ | (b) AHI 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.* |
|  | ☐ | (c) | Non-member |  |  |

What social media platforms do you use? Ex. Twitter, Facebook, LinkedIn, Instagram

1. **PAYMENT DETAILS** – ***Full payment must be made two weeks prior to the first lecture.*** The course fee is £125 for GEM and AHI members and £160 for non-members.

☐ I enclose a cheque (in Pounds Sterling made payable to GEM) for £\_\_\_\_\_\_.

☐ I am sending a 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 provide this by phone.)

 Card no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date (MM/YY): \_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIC: \_\_\_\_\_\_\_\_

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Refunds for cancellations, which cannot be accepted 2 weeks prior to the workshop date, are subject to a £15 admin charge.

1. **PERSONAL STATEMENT**

I agree to complete the 6-week online course and complete all supporting pre and post workshop activities and adhere to all other requirements of this course.

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

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