

For office use only



Date Rec'd	Delegate No.	Invoice Date
Amount Received	Cheque No	Date Fee Received

Booking Form	GEM COURSE: Developing SEND-Inclusive Learning with Confidence March 2021: 4, 11, 18 and 25 March 2021 from 10:00-12:00pm
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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, ME4 4TZ.**
Tel/fax: +44 (0) 1634 816 280 Email: office@gem.org.uk

A. DELEGATE DETAILS

Forename:			Surname:		
Job title:					
Organisation:					
Address1:					
Address2:					
Town:		Postcode:		Country:	
Mobile:		Email:			

Mobile phone numbers will be shared with GEM Course Directors for emergencies.

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

Type of delegate: (a) GEM Member (b) Non-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.

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

B. PAYMENT DETAILS – Full payment must be made two weeks prior to the first lecture. The course fee is £130 for GEM members and £170 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.

C. PERSONAL STATEMENT

I agree to complete the 4-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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