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| **Methodists for World Mission Annual Conference 2020**  **The Hayes Conference Centre, Swanwick, Derbyshire DE55 1AU 29th May to 31st May**  **Celebrating Diversity – Mission Together in the Global Village** | | | | | | | | | | | | | | **Clicking** the shaded boxes will place an **“X”** or allow you to type the information  **(Hint: Use Word’s Page Width option)** | | On Completion email to  Ian Bosman at bookings@mwm.org.uk  If you print this off to post it should fit on one A4 page | |  | | **Leave Blank** |
| **ONE PERSON only on this form. Families will need one form per person and complete the Sharing box below – Attach forms where**  **staying together. For family rooms please indicate for how many persons below in the box marked “Sharing with:…” below** | | | | | | | | | | | | | | | | | | | | |
| **1stTime?** | | **Gender** | | | **Family Name** | | | | | **1st Given Name** | | | | | **Postal Address** | | | **Post Code** | | **Fees £** |
| **Y** | **N** | **M** | | **F** |  | | | | |  | | | | |  | | |  | |  |
| **Age if 25 or Less** | |
| **For Day Visitors only please X in box(es) your preferences** | | | | | | | | | **Friday**  **£25 inc Dinner** | **Saturday £35 inc lunch** | **Saturday**  **£45 inc lunch & Dinner** | | **Sunday**  **£30 inc lunch** | | **Please Consult the Information Sheet for Day Visiting information** | | |  |
| **Total Day Fees** | |
| **Email address for acknowledgments** | | | | | | | | | | **Postal Address if invoiced elsewhere – eg a Bursary or paid by Global Relationships, etc** | | | | | | | | **Guest Donation**  **(Optional)** | |  |
| **Total due** | |  |
| **Data Protection. Please read the important note regarding General Data Protection Regulations on the Booking Information Sheet. If you are willing to consent to MWM using your personal data in accordance with the conditions given please indicate by placing a cross in the box here. To save postage costs emails are used where possible. Also note that we cannot guarantee any special requests for rooms.** | | | | | | | | | | | | | | | | | | **Sum Paid either by cheque or online.** | |  |
| **Balance owed** | |  |
| **Non En-suite(X)**  **£135** | | | **En-suite per adult £170**  **17-25 £80, 6-16 £50, 2-5 £20, under 2 Free** | | | | | | **Sharing with:**  **(Family & number)** | | **Wheelchair Access**  **(X)** | | | | **Difficulty with stairs (X)** | | **Close to Lifts or Doors (X)** | **For Children only, list any special needs** | | |
| **Single** | | | **Single** | | **Double** | **Twin** | | **Family** |  | |  | | | |  | |  |  | | |
| **Other Accommodation Requests and preferences, eg close to others (Give Names)** | | | | | | | | | | | | | **Special Dietary Needs/ Allergies, etc** | | | | |  |  | |
|  | | | | | | | | | | | | |  | | | | |  |  | |
| **Exhibitors – Name of Organisation** | | | | | | | | | | | | | | | **No. of Table(s) with size eg 1/Small or 2/Large, etc We cannot promise your requirements.** | | | | | |
| **If coming by Car please offer seats** | | | | | | | | | | | | | | | | | **Need a lift to Conference?**  (only if they have been offered) State No. seats and where from which we will try to match. | | | |
| **Can you offer seats TO Conference?**  **State where from and number of seats** | | | | | | | | | **Can you offer seats FROM Alfreton Station?** | | | | | | | |
| **PLEASE NOTE.** By completing this booking form and sending to us you are entering into a contract to pay  **full fees** by the due date – **1st May 2020**  You are recommended to take out travel insurance in case of illness, etc. | | | | | | | | | | | | | | | | |
| **Signed** | | | | | | | **Date** | | | | | **Any other relevant information please attach on a separate sheet.** | | | | | | | | |