Methouists for world Mission Annual Conference 2020	O1 St
The Hayes Conference Centre, Swanwick, Derbyshire DE55 1AU 29 th May to 31 st May	ev
Celebrating Diversity – Mission Together in the Global Village	sq

On Completion mail to Ian Bosman 48 Dower Road, Sutton Coldfield, B75 6TX, enclosing a cheque or evidence of an online payment. Place an X in the square boxes as appropriate When you print this off to post it should fit on one A4 page



ONE PERSON	only o	n this form	. Families	will need	one form]	per perso	on and con	nplete the Sha	aring box below –	Attach forms	where	
staying togethe	er. For f	family roon	is please i	ndicate fo	r how mai	iy persoi	ns below ir	n the box mar	ked "Sharing witl	n:" below		
1 st Time? Gender Family Name					1	st Given Na	Given Name		Postal Address		Fees £	
										Age if 25 or Less		
					S - 4 1	C	C			Age II 25 or Less		
For Day Visitors only please X in box(es) your preferences					Saturday £35 inc lunch	Saturday £45 inc lunch & Dinner	Sunday £30 inc lunch		the Information Visiting information	Total Day Fees	-	
preferences								Sheet for Day	isting mormation	Total Day Fees		
Email address for acknowledgments Postal Address if invoiced elsewhere – eg a Bursary or paid by Global										Guest Donation		
Relationships, etc									(Optional)			
										Total due		
Data Protection. Please read the important note regarding General Data Protection Regulations on the Booking Information Sheet. If you are									Sum Paid either			
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.									by cheque or			
To save postage costs emails are used where possible. Also note that we cannot guarantee any special requests for rooms. online.												
										Balance owed		
Non En-suite(X) En-suite per adult £170					Sharing with: Wheelchair Access Difficulty with				Close to Lifts or	For Children o	nly list	
£135 17-25 £80, 6-16 £50, 2-5 £20, under 2 Free					with. & number)		X)	5		any special i	•	
Single	Single	Double	Twin Fan	. ,	,	[
Other Accommoda	tion Real	uests and prefe	rences eg c	ose to others	Give Name	s)	Special Die	 tarv Needs/ Allei	rgies etc			
Other Accommodation Requests and preferences, eg close to others (Give Names) Special Dietary Needs/ Allergies, etc												
No. of Table(s) with size eg 1/Small or 2									2/Large, etc We c	annot		
Exhibitors – Name of Organisation promise your requirements.												
If coming by Car please offer seats								~		to Conference?		
Can you offer seats TO Conference?					Can you offer seats FROM Alfreton Station?				(only if they have been offered) State No. seats and where from which we will try to match.			
State where from and number of seats										vill try to match.		
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 -1^{st} May 2020												
You are recommended to take out travel insurance in case of illness, etc.												
Signed Date						Α	Any other relevant information please attach on a separate sheet.					