## WORLD MISSION CONFERENCE

May 30<sup>th</sup> - June 1<sup>st</sup>, 2014





PDF version for completion by hand after printing the blank form

## Please return this form by POST (DO NOT email) to:-Mrs Diana Bosman, 48 Dower Road, Sutton Coldfield, B75 6TX email enquiries: bookingsmwm@gmail.com

or phone: 0121 308 2251 /07913820191

Leave Blank

Cheques payable to "METHODIST FOR WORLD MISSION" (reg Charity No. 243221)

Fees and other information is given on a separate sheet. If you do not fully complete the form you may not be allocated your preferences (we cannot guarantee these in any case)

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	Please use separate forms for groups with differing options of accomodation (eg who shares with who)  If you prefer the form to be completed by hand then use the PDF version														Age	Fee										
If 1st   Timer  ✓ Title Family Name			First Given							Post Code	т	Tel.No.		(Only if child/student fees)	(see table overleaf) £											
Give ad	Give address if invoiced elsewhere.																									
email a	email address (PRINT please) We use this to send acknowledgments to save postage costs  Add - Guest D See over for																									
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								charge (pre-booked) £25.00 £6.00 from Alfreton (please of the ensure these rates - check w				ease quote	e 'The Haye		Sum Enclosed											
	No booking is secure until full fees are paid. After this date places, not secured by full payment, may be offered to others on the waiting list.  Cancellation, after May 16th 2014, if full fees have been paid (of which £25 is the non-returnable deposit), will normally lead to the loss of a scaled proportion of the money paid. You are advised to take out Travel Insurance to cover cancellation costs.  Balance Owed																									
ACCOM	ACCOMMODATION PREFERENCES - Complete ALL that apply to your preferences. Failure to do so may mean you are given an unsuitable room.																									
Non EnSuite Single Twin Dou			Double	EnSuite Twin	Family	Snaring		Difficulty with Stairs		se to Doors or Lifts	s Day Visitors & Fri Sa				OMODATION   se to others (ç											
Special	DIET R	Requests/	Allergies et	c				EXHIBITORS: Name of Organisation No./Size of tables requested (eg 2L,1S)  We will do our best to supply your request																		
Signati	By signing this form I understand that in making this booking I am liable for the Grand Total fee for the conference if I later have to cancel.  Signature  Date:													cel.												