|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Methodists for World Mission Annual Conference 2019**  **The Hayes Conference Centre, Swanwick, Derbyshire DE55 1AU 31st May to 2nd June**  **China’s Mission to the World** | | | | | | | | | | | | Place an “X” in the relevant **Squares** (Click) and complete the other relevant sections of the form | | When completed Email to  [bookings@mwm.org.uk](http://bookings@mwm.org.uk)  **Ensure you have paid!** Using the info on the info sheet | |  | | **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 “Family” below | | | | | | | | | | | | | | | | | | |
| **1stTime?** | | **Title** | | **1st Given Name** | | | | **Family Name** | | | | | **Postal Address** | | | **Post Code** | | **Fees £** |
| **Y** | **N** |  | |  | | | |  | | | | |  | | |  | |  |
| **Age if 25 or Less** | |
| **For Day Visitors only please X in box(es) your preferences** | | | | | | **Friday £5without Dinner** | **Friday**  **£25 inc Dinner** | **Saturday £35 inc lunch** | **Saturday**  **£45 inc lunch & Dinner** | | **Sunday**  **£30 inc lunch** | | **Please Consult the next page for Day Visiting information** | | |  |
| **Total Day Fees** | |
| **Email address for acknowledgments** | | | | | | | | **Postal Address if invoiced elsewhere** | | | | | | | | **Guest Donation**  **(Optional)** | |  |
| **Phone Number** | | | | | | | | **Total due** | |  |
| **Data Protection.**  Please tick this box  to give permission for your contact details (name, address, telephone number, email address) to be included on our database and to indicate that you are willing to be contacted by MWM by post, email and SMS. This will include sending you a copy of the MWM magazine after the conference. The information provided on this form will be processed by MWM and used in the administration of the conference. We will not share your personal data with any third party. | | | | | | | | | | | | | | | | **Sum Paid either by cheque or online.** | |  |
| **Balance owed** | |  |
| **Non En-suite(X)**  **£130** | | | **En-suite per adult £165**  **17-25 £80, 6-16 £50, 2-5 £20, under 2 Free** | | | | **Sharing with:**  **(Name or Family)** | | **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. | | | |
| **TO Conference if at all possible – State where from and number of seats** | | | | | | | **Number of seats offered FROM Alfreton Station** | | | | | | | |
| **PLEASE NOTE.** By completing this booking you are entering into a contract to pay the **full fees** by the due date.  You are recommended to take out insurance in case of illness, etc. | | | | | | | | | | | | | | |
| **Signed** | | | | | | | | | | **Date** | | | | | | | | |

**NB – There is no entry to the site before 4pm on Friday 31st May, 2019 due to a very large conference from another group. Registration will commence no earlier than 4.30pm so do not expect keys before. Please arrange your transport to arrive after 4pm. We cannot guarantee access or parking before.**