

**Autism Information Day - 16th October 2013 at Great Yarmouth Racecourse.**

**Booking form • All bookings must be made using this booking form.**

**Please return completed form and payment by 30<sup>th</sup> September 2013 to:**  
**Great Yarmouth Autism Information Day, Autism Anglia, Old Pharmacy Yard,**  
**Church Street, Dereham, Norfolk NR19 1DJ**

**BOOKING CONTACT DETAILS: We will send confirmation to this person usually by email**

**Organisation (if applicable):**

**Name of contact person for this booking:**

**Address:**

**Telephone no.**

**Email:**

**How did you hear about this event?**

**Booking for (please tick box or highlight as relevant):**

Parents / Carers / family members of an individual with ASC			Voluntary / Not for profit sector		
Individual with an ASC			Professional(s)		
Carer accompanying person with an ASC			Other		

***Terms & conditions of booking:***

- Cancellation: We understand that once Autism Anglia has acknowledged receipt of this booking, usually by email, that the delegates' fees are non-refundable and invoices, where requested, must be paid within the timescale stated.
- Autism Anglia has the right to amend any aspect of the event without prior notice. Spaces will be allocated on a first come first allocated basis.
- All bookings must be accompanied by either full payment or request for an invoice to be raised.

**Declaration:**

I confirm that I /we have read and understood the terms and conditions of booking and in making this booking accept these.

*Signature (where this booking is from an organisation the person signing this declaration must be authorised to do so on behalf of the organisation)*

Signed: ..... Date:.....

Print name:..... Position in organisation (if applicable): .....

**For Autism Anglia use only**

**Delegate no(s):**

**Databased:**

**Delegate name label(s) done:**

**Dietary & access needs recorded:**

**Date confirmation sent:**

**Confirmation method: letter / email**

**Amount received in payment: £**

**Payment method:**

**Cheque / cash / invoice**

**Invoice to be raised requested:**

**Notes:**

<b>Delegate 1 details</b>					
Delegate's name:			Role in organisation if applicable:		
Dietary requirements:			Access requirements:		
Please mark your 1 <sup>st</sup> & 2 <sup>nd</sup> choice of information session or Find Out About slot. You do not need to choose sessions from all columns. See programme pages 5-10 for details relating to each session reference number.					
<b>GROUP A</b>	<b>GROUP B</b>	<b>GROUP C</b>	<b>GROUP D</b>	<b>GROUP E</b>	<b>GROUP F</b>
EHP	HWM	TSA	MUS	EXC	IYP
JTF	EPS	NNR	HLW	INT	CJS
TRA	AEA	LEC	AWP	MCC	ASE
VOL	APP	BEN	NPP	SOC	EYS
VIS	SEM	ESP	AHS	CHB	TFR
TTN	NFF	CFB		DOU	
<b>Find Out About slots</b>					
FY1	FY2	FY3	KB4	KB5	KB6
PW1	AG2	AG3			
AG1	KB2	KB3			
KB1					

<b>Delegate 2 details</b>					
Delegate's name:			Role in organisation if applicable:		
Dietary requirements:			Access requirements:		
Please mark your 1 <sup>st</sup> & 2 <sup>nd</sup> choice of information session or Find Out About slot. You do not need to choose sessions from all columns. See programme pages 5-10 for details relating to each session reference number.					
<b>GROUP A</b>	<b>GROUP B</b>	<b>GROUP C</b>	<b>GROUP D</b>	<b>GROUP E</b>	<b>GROUP F</b>
EHP	HWM	TSA	MUS	EXC	IYP
JTF	EPS	NNR	HLW	INT	CJS
TRA	AEA	LEC	AWP	MCC	ASE
VOL	APP	BEN	NPP	SOC	EYS
VIS	SEM	ESP	AHS	CHB	TFR
TTN	NFF	CFB		DOU	
<b>Find Out About slots</b>					
FY1	FY2	FY3	KB4	KB5	KB6
PW1	AG2	AG3			
AG1	KB2	KB3			
KB1					

<b>Delegate 3 details</b>					
Delegate's name:			Role in organisation if applicable:		
Dietary requirements:			Access requirements:		
Please mark your 1 <sup>st</sup> & 2 <sup>nd</sup> choice of information session or Find Out About slot. You do not need to choose sessions from all columns. See programme pages 5-10 for details relating to each session reference number.					
<b>GROUP A</b>	<b>GROUP B</b>	<b>GROUP C</b>	<b>GROUP D</b>	<b>GROUP E</b>	<b>GROUP F</b>
EHP	HWM	TSA	MUS	EXC	IYP
JTF	EPS	NNR	HLW	INT	CJS
TRA	AEA	LEC	AWP	MCC	ASE
VOL	APP	BEN	NPP	SOC	EYS
VIS	SEM	ESP	AHS	CHB	TFR
TTN	NFF	CFB		DOU	
<b>Find Out About slots</b>					
FY1	FY2	FY3	KB4	KB5	KB6
PW1	AG2	AG3			
AG1	KB2	KB3			
KB1					

<b>Delegate 4 details</b>					
Delegate's name:			Role in organisation if applicable:		
Dietary requirements:			Access requirements:		
Please mark your 1 <sup>st</sup> & 2 <sup>nd</sup> choice of information session or Find Out About slot. You do not need to choose sessions from all columns. See programme pages 5-10 for details relating to each session reference number.					
<b>GROUP A</b>	<b>GROUP B</b>	<b>GROUP C</b>	<b>GROUP D</b>	<b>GROUP E</b>	<b>GROUP F</b>
EHP	HWM	TSA	MUS	EXC	IYP
JTF	EPS	NNR	HLW	INT	CJS
TRA	AEA	LEC	AWP	MCC	ASE
VOL	APP	BEN	NPP	SOC	EYS
VIS	SEM	ESP	AHS	CHB	TFR
TTN	NFF	CFB		DOU	
<b>Find Out About slots</b>					
FY1	FY2	FY3	KB4	KB5	KB6
PW1	AG2	AG3			
AG1	KB2	KB3			
KB1					

Item per delegate	Number required	Cost for each item	Total Cost per item
<b>Day Ticket A</b> For Parents / carers / family members of a person with an Autistic spectrum disorder / individuals with an ASC / carers accompanying individuals with an ASC. Includes lunch and attendance of information sessions of your choice.		£15.00	£
<b>Individual Information Sessions A (where a day ticket has not been purchased)</b> For Parents / carers / family members of a person with an Autistic spectrum disorder / individuals with an ASC / carers accompanying individuals with an ASC. Does not include 'Find Out Slots' if selected as a choice as these are <b>free</b> with limited availability and allocated on a first come first served basis.		£2.50	£
<b>Day Ticket B</b> For Professionals & all others including voluntary sector/not for profit sector. Includes lunch and attendance of information sessions of your choice.		£25.00	£
<b>Individual Information Sessions B (where a day ticket has not been purchased)</b> For Professionals & all others. Does not include 'Find Out Slots' if selected as a choice as these are free with limited availability and allocated on a first come first served basis.		£4.00	£
<b>Lunch packs</b> (optional extra) if day ticket has <b>not</b> been purchased you may wish to purchase a lunch. <i>Please note own food is not allowed to be brought into the Conference Centre for consumption.</i>		£8.50	£
<b>Total payable</b>			£
<b>Payment Options:</b>			
Option 1) A cheque payable to Autism Anglia is enclosed for the sum of £			
Option 2) Cash for the sum of £			
Option 3) Please send invoice for £ PO number(s) (if applicable).....  Invoice for the attention of: ..... Invoice address: .....  To keep costs to a minimum we would prefer to email invoices, please provide an email where we can send your invoice:			

Please return completed form and payment (unless an invoice has been requested) by 30<sup>th</sup> September 2013 to:  
 Great Yarmouth Autism Information Day, Autism Anglia, Old Pharmacy Yard, Church Street, Dereham, Norfolk NR19 1DJ.  
 Where an invoice has been requested your booking form can be emailed to: [exhibitions@autism-anglia.org.uk](mailto:exhibitions@autism-anglia.org.uk) or FAXED to 01362 853730