

**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 slots.<br>You do not need to choose sessions from all columns.<br>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            | CUK | TSA            |                                     | MKC            |  | EXC            |  | IYP            |  |
| JTF                                                                                                                                                                                                                                                  |     | EPS            | FND | NNR            |                                     | HLW            |  | INT            |  | CJS            |  |
| TRA                                                                                                                                                                                                                                                  |     | AEA            | MUS | LEC            |                                     | AWP            |  | MCC            |  | ASE            |  |
| VOL                                                                                                                                                                                                                                                  |     | APP            |     | BEN            |                                     | NPP            |  | SOC            |  | EYS            |  |
| VIS                                                                                                                                                                                                                                                  |     | SEM            |     | ESP            |                                     | AHS            |  | CHB            |  | MNS            |  |
| TTN                                                                                                                                                                                                                                                  |     | NFF            |     | CFB            |                                     | SLP            |  | DOU            |  | ASC            |  |
| <b>Find Out About slots (free)</b>                                                                                                                                                                                                                   |     |                |     |                |                                     |                |  |                |  |                |  |
| FY1                                                                                                                                                                                                                                                  | KA1 | FY2            | AE2 | FY3            | KA3                                 | KB4            |  | KB5            |  | KB6            |  |
| PW1                                                                                                                                                                                                                                                  | CJ1 | AG2            |     | AG3            | JM3                                 | KA4            |  | LM5            |  | KA6            |  |
| AG1                                                                                                                                                                                                                                                  |     | KB2            |     | KB3            |                                     | AG4            |  | KA5            |  | CJ6            |  |
| KB1                                                                                                                                                                                                                                                  |     | KA2            |     | LM3            |                                     | JM4            |  |                |  |                |  |

|                                                                                                                                                                                                                                                     |     |                |     |                |                                     |                |  |                |  |                |  |
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| <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.<br>You do not need to choose sessions from all columns.<br>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            | CUK | TSA            |                                     | MKC            |  | EXC            |  | IYP            |  |
| JTF                                                                                                                                                                                                                                                 |     | EPS            | FND | NNR            |                                     | HLW            |  | INT            |  | CJS            |  |
| TRA                                                                                                                                                                                                                                                 |     | AEA            | MUS | LEC            |                                     | AWP            |  | MCC            |  | ASE            |  |
| VOL                                                                                                                                                                                                                                                 |     | APP            |     | BEN            |                                     | NPP            |  | SOC            |  | EYS            |  |
| VIS                                                                                                                                                                                                                                                 |     | SEM            |     | ESP            |                                     | AHS            |  | CHB            |  | MNS            |  |
| TTN                                                                                                                                                                                                                                                 |     | NFF            |     | CFB            |                                     | SLP            |  | DOU            |  | ASC            |  |
| <b>Find Out About slots (free)</b>                                                                                                                                                                                                                  |     |                |     |                |                                     |                |  |                |  |                |  |
| FY1                                                                                                                                                                                                                                                 | KA1 | FY2            | AE2 | FY3            | KA3                                 | KB4            |  | KB5            |  | KB6            |  |
| PW1                                                                                                                                                                                                                                                 | CJ1 | AG2            |     | AG3            | JM3                                 | KA4            |  | LM5            |  | KA6            |  |
| AG1                                                                                                                                                                                                                                                 |     | KB2            |     | KB3            |                                     | AG4            |  | KA5            |  | CJ6            |  |
| KB1                                                                                                                                                                                                                                                 |     | KA2            |     | LM3            |                                     | JM4            |  |                |  |                |  |

|                                                                                                                                                                                                                                                     |     |                |     |                |                                     |                |  |                |  |                |  |
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| <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.<br>You do not need to choose sessions from all columns.<br>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            | CUK | TSA            |                                     | MKC            |  | EXC            |  | IYP            |  |
| JTF                                                                                                                                                                                                                                                 |     | EPS            | FND | NNR            |                                     | HLW            |  | INT            |  | CJS            |  |
| TRA                                                                                                                                                                                                                                                 |     | AEA            | MUS | LEC            |                                     | AWP            |  | MCC            |  | ASE            |  |
| VOL                                                                                                                                                                                                                                                 |     | APP            |     | BEN            |                                     | NPP            |  | SOC            |  | EYS            |  |
| VIS                                                                                                                                                                                                                                                 |     | SEM            |     | ESP            |                                     | AHS            |  | CHB            |  | MNS            |  |
| TTN                                                                                                                                                                                                                                                 |     | NFF            |     | CFB            |                                     | SLP            |  | DOU            |  | ASC            |  |
| <b>Find Out About slots (free)</b>                                                                                                                                                                                                                  |     |                |     |                |                                     |                |  |                |  |                |  |
| FY1                                                                                                                                                                                                                                                 | KA1 | FY2            | AE2 | FY3            | KA3                                 | KB4            |  | KB5            |  | KB6            |  |
| PW1                                                                                                                                                                                                                                                 | CJ1 | AG2            |     | AG3            | JM3                                 | KA4            |  | LM5            |  | KA6            |  |
| AG1                                                                                                                                                                                                                                                 |     | KB2            |     | KB3            |                                     | AG4            |  | KA5            |  | CJ6            |  |
| KB1                                                                                                                                                                                                                                                 |     | KA2            |     | LM3            |                                     | JM4            |  |                |  |                |  |

|                                                                                                                                                                                                                                                     |     |                |     |                |                                     |                |  |                |  |                |  |
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| <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.<br>You do not need to choose sessions from all columns.<br>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            | CUK | TSA            |                                     | MKC            |  | EXC            |  | IYP            |  |
| JTF                                                                                                                                                                                                                                                 |     | EPS            | FND | NNR            |                                     | HLW            |  | INT            |  | CJS            |  |
| TRA                                                                                                                                                                                                                                                 |     | AEA            | MUS | LEC            |                                     | AWP            |  | MCC            |  | ASE            |  |
| VOL                                                                                                                                                                                                                                                 |     | APP            |     | BEN            |                                     | NPP            |  | SOC            |  | EYS            |  |
| VIS                                                                                                                                                                                                                                                 |     | SEM            |     | ESP            |                                     | AHS            |  | CHB            |  | MNS            |  |
| TTN                                                                                                                                                                                                                                                 |     | NFF            |     | CFB            |                                     | SLP            |  | DOU            |  | ASC            |  |
| <b>Find Out About slots (free)</b>                                                                                                                                                                                                                  |     |                |     |                |                                     |                |  |                |  |                |  |
| FY1                                                                                                                                                                                                                                                 | KA1 | FY2            | AE2 | FY3            | KA3                                 | KB4            |  | KB5            |  | KB6            |  |
| PW1                                                                                                                                                                                                                                                 | CJ1 | AG2            |     | AG3            | JM3                                 | KA4            |  | LM5            |  | KA6            |  |
| AG1                                                                                                                                                                                                                                                 |     | KB2            |     | KB3            |                                     | AG4            |  | KA5            |  | CJ6            |  |
| KB1                                                                                                                                                                                                                                                 |     | KA2            |     | LM3            |                                     | JM4            |  |                |  |                |  |

| Item per delegate                                                                                                                                                                                                                                                                                                                                                                                                    | Number required | Cost for each item | Total Cost per item |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|---------------------|
| <b>Day Ticket A</b><br>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><br>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><br>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><br>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).....<br><br>Invoice for the attention of: .....<br>Invoice address:<br><br><br>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