

Suite 4, Beaufort House, Beaufort Court

Sir Thomas Longley Road, Rochester, KENT ME2 4FB

Tel: 01634 716615 Fax: 01634 727794

**Please complete the booking form below and return it to us as soon as possible.**

I would like to attend the National Care Association Regional Symposium being held at:

**Broome Park Golf and Country Club**

**The Broome Park Estate**

**Barham, Womenswold**

**Canterbury, Kent**

**CT4 6QX**

**On Thursday 28th April 2016**

Symposium registration from 9.30am Starts: 10am – 1.30pm (followed by light lunch)

I am a member of NCA and wish to reserve **\_\_\_** places at the above symposium at a cost of **£25**

Per person. **Membership Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am not a member of NCA and wish to reserve**\_\_\_** places at the above symposium at a cost of **£40**

Per person.

**Early Bird offer book 2 places and get a 3rd place FREE - (for bookings received before 1st April 2016)**

**PLEASE COMPLETE FORM IN BLOCK CAPITALS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of those attending:

**PLEASE COMPLETE FORM IN BLOCK CAPITALS**

**Please fill out payment details below**

**PAYMENT INFORMATION**

Cheque enclosed payable to: **National Care Association **

BACS Payment: **a/c name: National care association**

**a/c no: 50403165 sort code: 820403 **

**OR**

Please debit my Visa  Mastercard

Card Number **-**  **-**  **-** 

Expiry date  

3 digit security code  

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Holders Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_postcode\_\_\_\_\_\_\_\_\_\_

Please debit my Account £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_

**Please return to NCA by email** [**info@nationalcareassociation.org.uk**](mailto:info@nationalcareassociation.org.uk)

**or fax to 01634 727794**

Please make comments below: (i.e. Booking Form faxed and cheque in the post or Booking made via telephone and cheque enclosed as promised)

How did you find out about the Regional Symposium?

NCA Email  QCS Email  Website  Post 

National Care Association • Suite 4, Beaufort House, Beaufort Court,

Sir Thomas Longley Road, Rochester, KENT ME2 4FB [Tel: 01634](Tel:01634) 716615 Fax: 01634 727794

Email: [info@nationalcareassociation.org.uk](mailto:info@nationalcaareassociation.org.uk) Website: www.nationalcareassociation.org.uk

A Company Limited by Guarantee in Wales Number 2537672 • VAT Registration No. 523 350479