

REGIONAL BUSINESS CLINIC

BOOKING FORM



Please complete form in block capitals

MEMBERSHIP NUMBER (if applicable)

Title: First name: Surname:

Name of home:

Address:

.....

..... Postcode:

Telephone:

Email address:

Attendees

Title	First Name	Surname	Job Title

Event details

All events run from 10:00—16:00

Cost per person: £45 (Members) £60 (Non Members)

<input type="checkbox"/>	Essex 23rd May 2017	Stapleford Abbots Golf Club Horsemanside, Tysea Hill, Stapleford Abbots, Romford, Essex, RM4 1JU
<input type="checkbox"/>	Norfolk 20th June 2017	Wensum Valley Hotel & Golf Club Beech Avenue, Taverham, Norwich, Norfolk, NR8 6HP
<input type="checkbox"/>	Bristol 18th July 2017	The Players Golf Club Codrington, Chipping, Sodbury, Bristol, BS37 6RZ
<input type="checkbox"/>	Harrogate 19th September 2017	The Crown Hotel Crown Place, Harrogate, HG1 2RZ
<input type="checkbox"/>	Kent 21st November 2017	Broome Park Golf Club, The Broome Park Estate, Canterbury Rd, Canterbury, CT4 6QX

Total number of attendees:

Total amount payable: £.....

Cheque

I enclose a cheque payable to National Care Association for £.....

Credit card

Please debit my:

Mastercard Visa

Card number:

Expiry date:

/

CVC:

Signature: Print name: Date:

Cardholders address: (if different from overleaf)

BACS or Internet banking payment

Account name: National Care Homes Association

Sort code: 82-04-03 Account number: 50403165

Reference: Please insert name of care home or group to allow correct allocation of payment

Please return booking form by post, email or fax:

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

Sir Thomas Longley Road, Rochester, Kent, ME2 4FB

T: 01634 716615 F: 01634 727794

E: info@nationalcareassociation.org.uk

How did you find out about NCA events?

NCA Email

QCS Email

Website

Post

