

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:

**Elton Furze Golf Club**

**Bullock Lane**

**Haddon**

**Peterborough**

**PE7 3TT**

**On Wednesday 28th September 2016**

Symposium registration from 9am Starts: 9.30am – 1pm (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 September 2016)**

**PLEASE COMPLETE FORM IN BLOCK CAPITALS**

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

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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

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

**Please return to NCA by email** **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 

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Email: info@nationalcareassociation.org.uk Website: www.nationalcareassociation.org.uk

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