

Care Study Day: The Inspector Calls



BOOKING FORM: Dartford 29th October 2019

Please complete form in block capitals

Offer code:

MEMBERSHIP NUMBER (if applicable):.....

Title: First name: Surname:

Name of home:

Address:

.....

..... Postcode:

Telephone:

Email address:

Attendees

Cost per person: £35 (Members) £55 (Non Members)

Title	First Name	Surname	Job Title

Please inform us of any special dietary requirements :

.....

.....

Total number of attendees:

Total amount payable: £.....

Please note that no refunds can be given once bookings have been confirmed.

How did you find out about this event?

- NCA Email
- QCS Email
- Social Media
- Website
- Post

Payment

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

