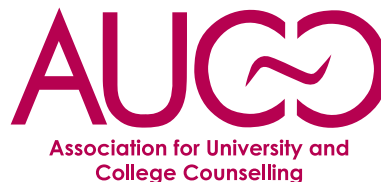


Booking form

AUCC Conference 2010

23–25 June 2010, Edinburgh University



AUCC is a Division of BACP



British Association for
Counselling & Psychotherapy

Personal details

Full name* Job title*

Organisation*

Contact address (for confirmation details to be sent)

Town / city* Postcode

Home postcode (if different from above).....

Telephone..... BACP membership no. (if applicable)

Email address*

* These details will be used for the delegate list and your badge

Please tick box if you **do not** want your details included in the delegate packs

Workshop choices

Please specify your first and second choice of workshops for each day by placing a '1' for your first choice and a '2' for your second choice.

Thursday workshops (AM) 1st Choice 2nd Choice

Eamonn O'Mahony	<input type="checkbox"/>	<input type="checkbox"/>
Mandy Roland-Smith	<input type="checkbox"/>	<input type="checkbox"/>
Jane Darougar	<input type="checkbox"/>	<input type="checkbox"/>
Gabrielle Heavisides	<input type="checkbox"/>	<input type="checkbox"/>
Jo Joyce	<input type="checkbox"/>	<input type="checkbox"/>

Thursday workshops (PM) 1st Choice 2nd Choice

Mandy Roland-Smith	<input type="checkbox"/>	<input type="checkbox"/>
Pamela Jones	<input type="checkbox"/>	<input type="checkbox"/>
Angie Fee	<input type="checkbox"/>	<input type="checkbox"/>
Linda Dubrow-Marhsall	<input type="checkbox"/>	<input type="checkbox"/>
Jane Darougar	<input type="checkbox"/>	<input type="checkbox"/>
Shakla Dhingra & Val Watson	<input type="checkbox"/>	<input type="checkbox"/>

Friday workshops 1st Choice 2nd Choice

Gabrielle Heavisides	<input type="checkbox"/>	<input type="checkbox"/>
Eamonn O'Mahony	<input type="checkbox"/>	<input type="checkbox"/>
Linda Dubrow-Marshall	<input type="checkbox"/>	<input type="checkbox"/>
Pamela Jones	<input type="checkbox"/>	<input type="checkbox"/>
Dr Farhad Dalal	<input type="checkbox"/>	<input type="checkbox"/>
Members of the AUCC Conference Committee	<input type="checkbox"/>	<input type="checkbox"/>

Booking details Please tick the appropriate boxes:

	AUCC members	BACP members	Non members	Reduced fee members
Wednesday day delegate	<input type="checkbox"/> £25	<input type="checkbox"/> £30	<input type="checkbox"/> £35	<input type="checkbox"/> £20
Thursday day delegate	<input type="checkbox"/> £105	<input type="checkbox"/> £115	<input type="checkbox"/> £130	<input type="checkbox"/> £50
Friday day delegate	<input type="checkbox"/> £105	<input type="checkbox"/> £115	<input type="checkbox"/> £130	<input type="checkbox"/> £50
Thursday night gala dinner	<input type="checkbox"/> £30	<input type="checkbox"/> £30	<input type="checkbox"/> £30	<input type="checkbox"/> £30
Wednesday night accommodation (to include dinner, bed & breakfast)	<input type="checkbox"/> £45	<input type="checkbox"/> £45	<input type="checkbox"/> £45	<input type="checkbox"/> £45
Thursday night accommodation (to include gala dinner, bed & breakfast)	<input type="checkbox"/> £60	<input type="checkbox"/> £60	<input type="checkbox"/> £60	<input type="checkbox"/> £60
Full package price	<input type="checkbox"/> £340	<input type="checkbox"/> £365	<input type="checkbox"/> £400	<input type="checkbox"/> £225
Total	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

Please tick this box if you **do not** wish to be allocated to a home group

Payment method

Cheque (payable to 'BACP') Credit / debit card Invoice (attach an official purchase order)

Receipts are available to download from the BACP website via the Members Area

Credit/debit payment Exp /

Card security no. (last 3 digits of no. on signature strip on reverse side of card)

Issue no. (Maestro/Switch only)

House number/name and postcode of billing address (if different from contact address)

Name (as on card) Signed Date

I agree to abide by the booking terms & conditions (full details available at www.bacp.co.uk/events)

Specific requirements

Wheelchair accessibility required  Hearing loop required  Sign language interpreter required  Large print handouts required 

To help us ensure all delegates attending the conference are able to participate fully, please give details of your specific requirements

Please specify if you have any dietary needs or food intolerances

Booking terms & conditions

Full terms & conditions are available at www.bacp.co.uk/events

Cancellations

Cancellations more than 6 weeks before the event will receive a full refund less £25 administration charge. Regrettably, cancellation requests after this time cannot be refunded although substitute delegates are acceptable providing BACP receive a minimum of 10 days notice.

BACP reserves the right to amend or cancel any event or event times and dates. This includes changes to speakers, content and programme.

All charges are inclusive of VAT.

Payments

Please return your completed booking form with payment to:
Jessica Baxter, Events Department, BACP, BACP House, 15 St John's Business Park, Lutterworth, Leicestershire, LE17 4HB.
Tel: 01455 883321 Email: jessica.baxter@bacp.co.uk

Invoicing

If your company requires an invoice please attach an official purchase order with this booking form. Payment terms are immediately on receipt of invoice and in any case must be paid prior to the event.

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Conference package inclusions

Day delegates

Day delegate rates include one days attendance at conference to include refreshment breaks and lunch.

Accommodation

Accommodation is in single study en-suite bedrooms, and includes dinner, bed & breakfast.

bacp

British Association for
Counselling & Psychotherapy

BACP House
15 St John's Business Park
Lutterworth LE17 4HB

t: 01455 883300

f: 01455 550243

e: bacp@bacp.co.uk

w: www.bacp.co.uk

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