

The 39th BIFD AGM & Conference 2021

Booking Form

Name:

Partners Name:

Guests Names:

.....

Children`s Names & Ages:

.....

Address:

.....

Post Code: Contact Tel No:

Contact Email: No. Of Rooms Required:

Special Dietary Requirements: **Yes/No** Details:

Arrival Date:..... / / Departure Date:..... / /

Please List Person/s Attending And Their Status*

*Member (M) : Student Member (S) : Guest (G)

(1). (4).

(2). (5).

(3). (6).

See rates sheet for the Tariffs:

No. Persons at Tariff (1) £.....

No. Persons at Tariff (2) £.....

No. Persons at Tariff (3) £.....

No. Persons at Tariff (4) £.....

**Please return your complete booking form & cheque
made payable to `BIFD` for the appropriate amount
to the Conference Co-ordinator:**

Mr. David Gresty,

27, Beccles Road

Sale

M33 3RP

07803 955230

Bacs payments to:

Sort Code: 60-83-01 - Account Number: 20336550