

# The 42<sup>nd</sup> BIFD CONFERENCE - 18<sup>th</sup> – 20<sup>th</sup> October 2024

Cedar Court Hotel, Huddersfield

## BOOKING FORM

Members Name: ..... Membership Number: .....

Address: .....

Post Code: ..... Contact Telephone Number: .....

Email Address: ..... Number of Rooms Required: .....

Special Dietary Requirements: Yes/No Details of Diet .....

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

Attending **Partners** Name: .....

Attending **Guests** Names: .....

### See Rates Page To Complete Form & Payment

#### Tariff (1) – Full Package

Double Rate: £.....

Single Rate: £.....

#### Tariff (2) – Fri to Sat

Double Rate: £.....

Single Rate: £.....

#### Tariff (3) – Sat to Sun

Double Rate: £.....

Single Rate: £.....

#### Tariff (4) – Gala Dinner Only

Total Attendees £.....

#### Tariff (5) – AGM Only

£ No Charge

**Total Amount Due £.....**

**Please return, or email, your completed booking form for the appropriate amount to the Conference Co-ordinator and make payment either by Bacs or by Cheque made out to “The BIFD”:**

#### Bacs Payments To:

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

#### Mr. David Gresty

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