**The 43rd BIFD CONFERENCE - 24th – 26th October 2025**

**The Copthorne Slough-Windsor**

**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**

C/O The British Institute of Funeral Directors

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2 Heather Ridge Arcade,

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Camberley, Surrey,

GU15 1AX

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