## **Booking form**

1. I would like to book the following

If booking within 14 days of the conference, payment or a purchase order must be enclosed with this form. For queries relating to bookings phone Jemma on 01786 467740

Save time! Book online at www.dementiashop.co.uk

Person with

| (tick as appropriate)   | Standard rate | by 30.06.09)  | sector* | dementia or<br>their carer |
|---|---------------|---|---------|----------------------------|
| Day 1 (15 September)  | □£175         | □£150   | □£100   | □£65                       |
| Day 2 (16 September)  | □£175         | □£150   | □£100   | □£65                       |
| Both days (15 and 16 September)   | □£285         | □£250   | □£150   | □£120                      |
| Pre-conference networking buffet (evening of 14 September)  | □£25          | □£25  | □£25    | □£25                       |
| Drinks reception and conference dinner (evening of 15 September)  | □£40          | □ £40   | □ £40   | □£40                       |
| TOTAL   | £             | £   | £       | £                          |
| 2. Delegate details (a separate form is required for each delegate)  Title Name  Job title Organisation  Address  Postcode  Daytime phone Email @  3. My symposium preferences  Delegates can attend one symposium each morning and afternoon of the conference. For each symposium please state your 1st and 2nd preferences (example below). Places are limited and will be allocated on a first-come, first-served basis. Delegates will be advised at conference registration of their allocated symposium if seating can accommodate this. |               | 4. Payment method  Master Card/Visa (delete as appropriate) Cheque or postal order (made payable to 'University of Stirling') Invoice: please invoice my organisation using the following purchase order number:  Credit/debit card details  Expiry date: CSC No. (last 3 digits on signature strip)  Start date: Issue number (where present): Signature:  Card-holders billing details OR address for invoicing:  Title Name  Job title Organisation Address  Address |         |                            |
| Symposium 1 Symposium 2   |               | Postcode  |         |                            |
| EXAMPLE 2A EXAMPLE 2A 2B 2nd 2C 2D 2D 2D 2E 1st   | 5. A          | Postcode Daytime phone Email  |         |                            |
| Symposium 3 Symposium 4   | let u         | s know here:  |         |                            |
| EXAMPLE  3A   |               | I do not wish to receive further information from the DSDC   Please let us know where you heard about the conference:   |         |                            |

**Cancellations and changes.** Cancellations received in writing seven working days before the event will be subject to a £25 administration fee. After this date no refunds can be made nor invoices cancelled. Substitution of delegates is acceptable at any time. In the event of cancellation by the organisers liability will be limited to a refund of the fees paid. It may be necessary for reasons beyond the control of the organisers to make changes to speakers, content or timing of the programme.

**Please post your completed form to:** The Dementia Services Development Centre, Iris Murdoch Building, University of Stirling, Stirling, FK9 4LA or fax to 01786 466846

https://www.conferencebookings.co.uk/delegate/YRKDSDC09

To book accommodation for the conference visit:

6. Accommodation