

ACAT TRAINING COURSE BOOKING FORM 2016 – FOUNDATION

- **Book Online** by Paypal from the ACAT website <http://acat.uk.com/foundation.html>
- OR
- **By Cheque** – please complete the form and post to the address below:

Name _____																																	
Address _____																																	
Postcode _____																																	
Phone Number _____																																	
Email _____																																	
Church and Denomination _____																																	
Please tick which Foundation Course you wish to book																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td>WOODFORD GREEN Saturday 2nd July</td></tr> <tr><td></td><td>SOUTHWELL Saturday 9th July</td></tr> <tr><td></td><td>OXFORD Saturday 16th July</td></tr> <tr><td></td><td>MANCHESTER Saturday 30th July</td></tr> <tr><td></td><td>DORKING Saturday 30th July</td></tr> <tr><td></td><td>DERBY Saturday 10th September</td></tr> <tr><td></td><td>CARLISLE Saturday 17th September</td></tr> <tr><td></td><td>NORWICH Saturday 1st October</td></tr> </table>		WOODFORD GREEN Saturday 2 nd July		SOUTHWELL Saturday 9 th July		OXFORD Saturday 16 th July		MANCHESTER Saturday 30 th July		DORKING Saturday 30 th July		DERBY Saturday 10 th September		CARLISLE Saturday 17 th September		NORWICH Saturday 1 st October	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td>GOOLE Saturday 29th October</td></tr> <tr><td></td><td>PENRITH Wednesday 9th November</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>		GOOLE Saturday 29 th October		PENRITH Wednesday 9 th November												
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Please reserve _____ place(s) at the above Foundation Course @ £45 each = £ I enclose a cheque payable to ACAT for £																																	
Name(s) delegates: (for additional delegates, please list overleaf)																																	
Delegate 1 name _____																																	
Delegate 2 name _____																																	
Please list any disability/mobility or dietary requirements:																																	
Please tell us if you are a member of ACAT: Yes <input type="checkbox"/> No <input type="checkbox"/>																																	
and if so, are you an Individual Member, ie pay annually, or a Block Member with your subscription paid for by your church body? Individual <input type="checkbox"/> Block <input type="checkbox"/>																																	

Please return this form with your cheque to:

Mrs Jayne Jones, Association of Church Accountants and Treasurers,
 125 Coney Green Business Centre, Wingfield View, Clay Cross, Derbyshire S45 9JW
Your booking will be acknowledged by email or post and will include a detailed map and directions to the venue.