



REGISTRATION FORM AND ACCOMMODATION REQUIREMENTS

**BDFFA Family Conference and AGM
Friday 18th - Sunday 20th November 2016**

FAMILY BOOKINGS ONLY

Name(s):

Address:

Telephone:

Email(s):

| Those attending | Name | Age |
|------------------------|-------------|------------|
| Adults | | N/A |
| | | N/A |
| | | N/A |
| Children | | |
| | | |
| | | |
| | | |

Payment enclosed : £ _____ (£100 refundable deposit cheque made payable to “BDFA” in lieu of cancellation is required from each family at the time of booking)

Batten Disease Family Association
The Old Library, 4 Boundary Road, Farnborough GU14 6SF
For more information on supporting our work visit www.bdfa-uk.org.uk;
Tel: 01252 416323 Email: admin@bdfa-uk.org.uk

Registered Charity No 1084908

| Rooms Required at Holiday Inn, Stratford- upon-Avon | | Please tick to indicate which night(s) room is required | |
|---|-----------------|---|---------------|
| Type of Room | Number of Rooms | Fri 18 Nov | Sat 19 Nov |
| Twin | | | |
| Double | | | |
| Family Room | | | |

| Reservation for Meal and Social Event on Saturday 19 November at 7pm (free of charge for BDFa Member families) | | |
|---|--|----------------------|
| | | Dietary Requirements |
| No of Adults | | |
| No of Children | | |

The BDFa will be using moving and still photography and sound recordings during the weekend for promotional and other use including website and social media. By signing this registration form you are giving your consent to this for all members of your party.

Please ensure you have read the Terms & Conditions concerning booking. By signing this registration form you are agreeing to these.

Signature:

Date:

Please return this form with your deposit to Lucy Roose at the address below.

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