BATTEN DISEASE FAMILY ASSOCIATION
Together we WILL make a difference
REGISTRATION FORM

## BDFA Family Conference and AGM

Friday 18 ${ }^{\text {th }}$ - Sunday 20th November 2016
BOOKING FORM FOR PROFESSIONALS

Name(s): $\qquad$
Job Title: $\qquad$
Organisation: $\qquad$
Telephone: $\qquad$
Email(s): $\qquad$

| Please indicate <br> which day(s) you will <br> be attending |  |  |
| :--- | :--- | :--- |
| Saturday (day) | YES/NO $\quad$ @ £50 |  |
| Saturday (dinner) | YES/NO $\quad$ @£30 |  |
| Sunday (day) | YES/NO $\quad$ @£50 |  |
| Dietary Requirements |  |  |

Payment enclosed : £ $\qquad$ (please make cheques payable to "BDFA" or make a BACs payment to our bank account: sort code: 08-92-99, account no 65542134 using your name as the reference and advise us you have done so)

Continued

Please book and pay for your own accommodation. We have secured a concessionary rate at the Holiday Inn, Bridgefoot Quay, Warwick Road, Stratford-upon-Avon CV37 6YR where the conference takes place. If you would like to book accommodation at the Holiday Inn please contact the hotel reservations department directly on 01789279988.

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.

Signature: $\qquad$

Date:

