

BOOKING FORM

Title Name

Name of Church

Working Organisation(s)

Job Title(s)

Date Appointed

Year of Ordination (if applicable)

Date of Birth

Address

Post Code

Telephone

Email

Phone Number(s)

Where / From Whom Did You Hear of the Conference?

Please choose **one** of the following options:

I enclose a cheque for £590

Please invoice me

Please invoice my organisation at the following address:

Address

Post Code

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Please note that in the event of withdrawal after 30 May half of your Conference Fee will be retained by Sarum College to cover expenses incurred. In the event of withdrawal after 30 June we regret that your fee will be completely non-refundable unless we are able to fill your place on the Conference.

Applications & Enquiries to:

Alison Ogden, Conference Administrator, Sarum College, 19 The Close,
Salisbury, Wiltshire SP1 2EE

email aogden@sarum.ac.uk

tel +44 (0)1722 424826