Baby Lifeline Training Ltd

Promoting safety for Mother and Baby

A not for profit organisation

BOOKING FORM

Please read the General Information sheet before completing this form, particularly if you want us to invoice your employer or other organisation.

Please photocopy this booking form and pass it on to colleagues who may be interested.

We cannot accept bookings without a completed form for each person who wishes to attend.

Name of conference(s): .....

Date of conference(s):……

PERSONAL DETAILS

TITLE: (Mr/Mrs/Ms/Miss/Dr/other) …….. SURNAME: …….....

FIRST NAME: ..... JOB TITLE: .....

HOSPITAL/BUSINESS NAME: .....

WORK ADDRESS:.....

WORK TEL: ..... Postcode: .....

HOME ADDRESS (Compulsory if paying by credit card): .....

.....

HOME TEL: ..... Postcode: .....

MOBILE NO: .....E-MAIL ADDRESS: .....

We will normally write to you at your home address to ensure that you receive your details of the conference. If you would prefer us to use your work address please tick this box ☐

Please indicate membership of Royal Colleges if applicable:

RCM RCOG RCA Other .....

Special diet: Vegetarian Vegan Gluten Free Other .....

PAYMENT DETAILS

☐ **CHEQUE:** I enclose a cheque for £ ……../€…….. made payable to Baby Lifeline Training Ltd

☐ **DEBIT/CREDIT:** Please debit my credit card:

○ VISA ○ ○ ○ ○ ○ For the sum of £ ……../€……..

Card No ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry Date ☐☐☐☐ Sec. Code last 3 digits ☐☐☐

(If paying by Switch) Issue Number: ..... Valid from date: ……

All those paying by credit/switch card: Signature: ……...Date: ……..

☐ **INVOICE:** Please address invoice £ ……../€…….. to:

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Please return this form and your payment to: Conference/Training Manager, Baby Lifeline Training Ltd, Empathy Enterprise Building, Bramston Crescent, Tile Hill, Coventry CV4 9SW

Cancellations

All cancelations should be received in writing at least 7 days before the conference date and will be refunded minus a 25% administration fee. No refunds will be given after this date.