**DELEGATE REGISTRATION FORM**

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| --- | --- | --- | --- | --- | --- | --- |
| **DELEGATE FEES [price per place]** | | | | | | |
| **BOOKING & PAYMENT OPTIONS:** | **1 PLACE** | | **2-4 PLACES** | | **5+ PLACES** | |
| **Online Registration with Card Payment –** [**CLICK HERE**](https://www.letsreg.co/uk/event/250424_CSAE) |  | **£ 245 + vat** |  | **£ 215 + vat** |  | **£ 175 + vat** |
| **Offline Registration with Card Payment – Complete form below** |  | **£ 245 + vat** |  | **£ 215 + vat** |  | **£ 175 + vat** |
| **Register by Phone with Card Payment – Tel: 01753 373096** |  | **£ 245 + vat** |  | **£ 215 + vat** |  | **£ 175 + vat** |
| **Raise Purchase Order / Pay by Invoice – Complete form below** |  | **£ 295 + vat** |  | **£ 265 + vat** |  | **£ 225 + vat** |

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| **Delegate Name:** | | | **Job Title:** | | | | **Email Address:** | | | | | | |
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| **Total no. places:** | | |  | | | | | | | | | | |
| **Invoicing Details:** | | | | | | | | | | | | | |
| **Name of Key Contact:** | | |  | | | | | | **Job Title:** |  | | | |
| **Organisation Name:** | | |  | | | | | | **Department:** | |  | | |
| **Address:** | | |  | | | | | | | | | **Postcode:** |  |
| **Email Address:** | | |  | | | | | | **Telephone No:** | |  | | |
| **Accounts Dept. Contact:** | | |  | | | | | | **Telephone No:** | |  | | |
| **Purchase Order No:** | | |  | | | **Cost Centre Code** (if applicable): | | | | |  | | |
| **Card Payments:** | | | | | | | | | | | | | |
| **Government Procurement Card (GPC)**  **MasterCard**  **VISA / VISA Debit** | | | | | | | | | | | | | |
| **Cardholder:** | |  | | **Postcode:** | |  | | **Total Amount:** | | | **£ ……………... *+ VAT*** *(at 20%)* | | |
| **Card No:** | |  | | | **Expiry date:** | | |  | | | **Security Code (CVC):** | |  |
| **Date:** | |  | | | **Signature:** | | |  | | | | | |
| **Other Payment Methods:** | | | | | | | | | | | | | |
|  | **Please Invoice my organisation £ ……………... *+ VAT*** *(at 20%)* quoting Purchase Order No. ………………. | | | | | | | | | | | | |
|  | **Electronic / BACS Remittance of £ ……………... *+ VAT*** *(at 20%)* to Nat West Bank Plc, Sort Code: **60-24-12** Account No: **88880419** Please email remittance advice to accounts@policyforesight.com or fax to 020 3633 5766 | | | | | | | | | | | | |
|  | **I enclose a cheque in the sum of £ ……………... *+ VAT*** *(at 20%)*made payable to **Policy Foresight Ltd**  Please send cheque quoting event code **250424** to Policy Foresight Ltd, Castle Hill House, 12 Castle Hill, Windsor, SL4 1PD  A VAT invoice will be issued on receipt of payment. VAT No: 295 4260 81 | | | | | | | | | | | | |

**DECLARATION:**

I am authorised to register the delegate(s) as detailed above. I also agree to notify you of any cancellation in writing. Only cancellations confirmed in writing at least 28 days before the event date will be refunded, minus an administration fee of £50 plus VAT per place. Substitutions can be made at any time. Non-payment of an invoice does not count as cancellation and you will still be liable for the full cost. Non-appearances on the day are also liable for the full cost. Full terms and conditions: policyforesight.org/about-us-terms-conditions

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| --- | --- | --- |
| **Name:** | **Signature:** | **Date:** |

**Please Email Completed Form to** [**events@policyforesight.org**](mailto:events@policyforesight.org) **or Fax to 020 3633 5766**