

HIGHLAND DEVELOPMENTAL COORDINATION DISORDERS GROUP

Conference 2007 Friday 11th May 2007

'LIVING AND GROWING WITH DCD'

CONFERENCE BOOKING FORM

I. Delegate Details (PLEASE PRINT)

Title:		
First Name:		
Surname:		
Full Postal Address for correspondence:		
Organisation:		
Email:	Telephone:	Fax:
Please give details of any dietary requirements:		
Please give details of any other special requirements:		

If you would prefer that your email address does not appear in the delegate pack, please put a 'X' in this box:

2. Conference Fees

Full conference Fees:

The following fees include, delegate packs, refreshments and buffet lunch.

	Cost payable	Enter amount:
Professional Bookings	£80	
Voluntary Organisations	£40	
Concessions - Applies to HDCD Group members only	£20	

I enclose a cheque for £_____:_____ (Made payable to HDCD)

Please tick

INVOICE: If you require an invoice please send a purchase order to Arlene Maxtone at the address below and we will issue an invoice by return.

PLEASE SEND THE COMPLETED BOOKING FORMS AND PAYMENT TO:

Arlene Maxtone, Development Officer, HDCD Group, Unit 6, 15 Lotland Street, Inverness IV1 1ST
E-mail: hcd.org@tiscali.co.uk Tel: +44(0) 1463 709907

CANCELLATION PROCEDURES:

We regret that we will be unable to refund cancellations received after 30th April 2007. Cancellations before this date may be partially refunded.