Sands AGM & Members' Conference

Saturday 3rd October 2009

The Spa Hotel, Mount Ephraim, Royal Tunbridge Wells, Kent TN4 8XJ

Booking Form

Please PRINT clearly

First Name
To appear on your badge

Last Name
To appear on your badge

Address

Post Code

Telephone (Day) **Telephone (Eve)**

Email Address

Sands Group
To appear on your badge

Organisation
To appear on your badge

Attendance Details

Please Note: The booking fee (inclusive of VAT) goes towards the costs of the day which include the day pack, refreshments and buffet lunch.

Sands Member * **£20.00** Please Tick ❑ *Membership Number **M**

Non Member **£30.00** Please Tick ❑ I wish to become a Sands Member please send details ❑

Please advise if you have any special dietary requirements

Please advise if you have any special access requirements

Payment Details

I enclose a cheque/PO made payable to "Sands" for **£**

Please charge by debit/credit card **£**

Mastercard *Please Tick* ❑ **Visa** *Please Tick* ❑ **Maestro** *Please Tick* ❑ **Visa Debit** *Please Tick* ❑ **Issue No** **Start Date** **Expiry Date**

Cardholder Name
As it appears on card

Card Number - - -

Security Number

Billing Address
if different from above

Cardholder Signature

Billing Post Code

Date

Should you require additional copies of this form please either contact the office or download from the website

Please return this form by no later than **21st September 2009** to **Sands AGM, 28 Portland Place, London, W1B 1LY**