

Workshop 2008: Parents with Learning Disabilities: Problems and Priorities

Booking Form



Tri Regional Interest & Project
Group on Learning Disability

Please complete one form for each participant and send to:-

Mrs Liz Utting
5 Kepple Close
Rossington
Doncaster
South Yorkshire
DN11 0XE

Tel: **01302 860319**

Fax: 01302 860319

Mobile: 07956 372308

Email lizt@btinternet.com

Early booking is advised as limited capacity means places will be allocated on a first come first served basis.

Please book me a place on Tuesday 08 April 2008 at Doncaster School for the Deaf, Ledger Way, Doncaster DN2 6AY

Please identify any special dietary requirements e.g. vegetarian

Title (MR, Mrs etc.) _____ Forenames _____

Surname _____

Position / Title _____ Organisation _____

Address (for correspondence) _____ Tel no's _____

Work _____

Home _____

Fax _____

Post Code _____ Emergency _____

Please supply Emergency number which I can contact you on within the 24 hrs before the conference if necessary

I enclose Cheque Made payable to 'TRIPOD' for £10
(Incl. Refreshments and lunch)

BACS

INVOICE

N.B. Payment **MUST Accompany this booking form**

No refunds can be made but we are happy to accept substitute participants.

Confirmation, will be issued upon receipt of payment