ASSOCIATION *for* CULTURAL ENTERPRISES

STUDY DAY BOOKING FORM

DATE OF STUDY DAY

TITLE OF STUDY DAY

VENUE

FIRST NAME

SURNAME

JOB TITLE

ORGANISATION

ADDRESS

POST CODE

EMAIL

TEL

MOBILE

This will only be used in an emergency to confirm last minute changes to the programme.

DIETARY REQUIREMENTS

HOW DID YOU HEAR ABOUT THIS STUDY DAY?

****** PAYMENT and SPECIAL OFFER DETAILS - "2's COMPANY but 3 OR 4 ARE EVEN BETTER!" ******

Book 2 places from the same organisation and receive a **10%** discount off the total price.
Book 3 places and receive **20%**, book 4 places and receive **30%** off your total booking price.

PAYMENT

- ☐ **£70 per person** for ACE MEMBERS
- ☐ **£80 per person** for ASSOCIATE MEMBERS
- ☐ **£105 per person** for NON-MEMBERS

☐ I ENCLOSE A CHEQUE TO **'ASSOCIATION FOR CULTURAL ENTERPRISES'** FOR £ _____ (RATE x PERSON)

☐ PLEASE INVOICE ME FOR £ _____ (RATE x EVENTS). **INCLUDING PO NO:** _____

NB: Confirmation of your place together with any joining instructions will be sent to you prior to the event
In the event of delegate cancellation refunds will not be made but substitute delegates are welcome.

TO BOOK CONTACT:

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