|  |
| --- |
| **How many places are you booking?** |
| **Name/s (if known):** |
| **Organisation:** |
| **Contact Email:** |
| **Please give details of any specific dietary needs?** |
| **Please give details of any accessibility needs?** (e.g. wheelchair user, hearing loop or large print) |
| **Anything else you think we need to be aware of?** |
| **Booking options**  | **Tenants / Community Volunteers** | **Officers / Staff**  |
| 1. **Wednesday day conference only**

This option includes refreshments on arrival and during the day and lunch  | **[ ]  £86+vat**  **[ ]  \*£79 *with*** ***distance discount*** | **[ ]  £119+vat**  **[ ]  \*£109 *with*** ***distance discount*** |

**TERMS AND CONDITIONS**

1. All prices are exclusive of VAT
2. Options do not include accommodation. If you wish to stay at this hotel you will need to book this direct with them on 0292 078 5590.
3. The **\*distance discount** applies to those bookings from organisations based 50 miles or more from the venue
4. TPAS Cymru **CANNOT** accept any provisional bookings.
5. Written confirmation is required for **all** cancellations. Cancellations received before the date of **21 June 2024** will be refunded, minus an administration fee of £30.00. **No refunds** will be processed after this date.
6. Registered delegates who do not attend the event will be liable for payment in full unless written communication is received by the cancellation date.
7. Any changes, such as names, made to the bookings after **21 June 2024** will incur an administration fee of £15.00 plus VAT per change.
8. TPAS Cymru may have to cancel this event. In this case we will refund any payments received. We will not refund any costs you may incur as a result of the cancellation.

**[ ]  I have read and understood the above terms and conditions (please tick)**

**SIGNED:** ..........................................................................................................................................................................................

**PRINT NAME:** ……………………………………………………………**DATE:** ……………………………………………………….

**PAYMENT INFORMATION**

[ ]  I am sending a cheque made payable to TPAS Cymru for £\_\_\_\_\_\_\_\_\_\_ *(remember to add VAT)*

[ ]  I am making a BACS payment to TPAS Cymru for £\_\_\_\_\_\_\_\_\_\_ *(remember to add VAT)*

*Account Number: 07463731 Sort Code:56-00-41*

**[ ]** Please invoice me for £\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Name:** |
| **Organisation:** |
| **Address:** |
| **Email:** |
| **PO Number:** |

**Please return this form, signed and completed, before the deadline of**

**mid-day 21 June 2024 to:** iona@tpas.cymru