

Booking Form

With Scotland's Future in Mind

Learning from the past: shaping the future

Please complete this form, photocopy it, and fax it to (0131) 555 0285, or return the copy to the Events Organiser at the address below. You should complete this form in BLOCK CAPITALS and **use one form per person**. Please note you will receive a confirmation letter for your booking on receipt of payment.

Booking Information:

Please tick as appropriate

Statutory Sector

Please state your attendance:

- 2-Day Conference (23rd & 24th October) £270 + VAT per person £317.25
- Evening reception & dinner (23rd October) £35 + VAT per person £41.12
- Conference Day 1 only (23rd October) £135 + VAT per person £158.63
- Conference Day 2 only (24th October) £135 + VAT per person £158.63

Total Statutory Sector Payment Enclosed £..... (including VAT)

Voluntary Sector

Please state your attendance:

- 2-Day Conference (23rd & 24th October) £190 + VAT per person £223.25
- Evening reception & dinner (23rd October) £35 + VAT per person £41.12
- Conference Day 1 only (23rd October) £95 + VAT per person £111.63
- Conference Day 2 only (24th October) £95 + VAT per person £111.63

Total Voluntary Sector Payment Enclosed £..... (including VAT)

Please note that overnight accommodation is not provided. For information or assistance regarding hotel accommodation please contact events@sdcmh.org.uk

Free places

A limited number of free places for unwaged service users and carers are available along with travel bursaries. To apply for one of these free places, please tick the appropriate box on the booking form and provide a short accompanying letter providing information on any special needs you may have along with estimates of costs for travel. We will confirm whether your application has been successful after the closing date.

- I am unwaged and wish to apply for a free place



scottishdevelopmentcentre
for mental health

Events Organiser, SDC
17a Graham Street, Edinburgh, EH6 5QN
t: 0131 555 5959 f: 0131 555 0285
e: 10yearson@sdcmh.org.uk

Please Complete:

Title:.....

Forename:.....

Surname:.....

Job Title (if applicable):.....

.....

Organisation (if applicable):.....

.....

Address:.....

.....

.....

..... Postcode:.....

Daytime Tel No:.....

Fax:.....

Email:.....

Please indicate any special requirements i.e. dietary, mobility/wheelchair access, other:

.....

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Continued Overleaf...

Your contact details will be entered onto our events database.

If you would like to be informed about future events please tick this box

If you would like to be removed from our mailing list please tick this box

PARALLEL SESSIONS

Please complete the following information:

Please indicate which parallel sessions you would like to attend in the morning and afternoon by indicating your 1st and 2nd choices.

Delegate name:.....

DAY 2 Parallel Session Morning Parallel Session

Choice	Parallel Session
1st	2nd
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

a. **People 1: Community;** NHS Dumfries & Galloway/ Oxfam

b. **People 2: Power, Trust, Respect;** Scottish Prison Service/ Violence Reduction Unit, Strathclyde Police

c. **Places 1: Natural Environments;** Greenspace/ The Forestry Commission

d. **Places 2: Built Environments;** Scottish Urban Regeneration Forum/ Urban Studies Dept, University of Glasgow

e. **Purpose 1: Work;**The Work Foundation

f. **Purpose 2: Creativity;** The Scottish Arts Council

Afternoon Parallel Session

Choice	Parallel Session
1st	2nd
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

a. **People 1: Community;** NHS Dumfries & Galloway/ Oxfam

b. **People 2: Power, Trust, Respect;** Scottish Prison Service/ Violence Reduction Unit, Strathclyde Police

c. **Places 1: Natural Environments;** Greenspace/ The Forestry Commission

d. **Places 2: Built Environments;** Scottish Urban Regeneration Forum/ Urban Studies Dept, University of Glasgow

e. **Purpose 1: Work;** The Work Foundation

f. **Purpose 2: Creativity;** The Scottish Arts Council

If you do not make a selection we may have to allocate you to a parallel session.

Payment Details

Please send payment along with your booking form. Your cheque will be acknowledged with a receipted invoice. Alternatively payment can be made by BACs. Please note we will be unable to confirm your place if payment has not been received by the closing date.

I enclose a cheque for £..... made payable to the Scottish Development Centre for Mental Health

Payment will be made by BACs
(Please send your BACs remittance form to the SDC as confirmation of payment quoting the project code).

Please send an invoice to the following person/organisation;

Name:.....

Job Title:.....

Organisation:.....

Address:.....

.....

.....

..... Postcode:.....

Tel No:..... Email:.....

Bank Account Name: Bank of Scotland, Sort Code: 80 22 60
Account No: 6124148, Project code: SDC 01600118

Delegate Cancellations

These must be made in writing prior to the closing date of Friday 5th October and will incur an administration charge of £50.00 for fee paying delegates. We regret that no refunds can be made after that date but we are happy to accept one substitute delegate before or on the day.

**Closing date for bookings: 5th October 2007.
Please phone for availability after that date.**