## Wales Regional Meeting Event Booking Form

VENUE: All Nations Centre

## DATE: Wednesday 20th February 2019

** Please tick to indicate as appropriate**: -

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm my attendance |  ❑ |  I regret that I am unable to attend |  ❑ |

|  |  |
| --- | --- |
| Name: |  |
| Company / Authority: |  |
| Address: |  |
| Email Address: |  |
| Telephone Number: |  |
|  |
| **Payment is due in advance for all Regional Meetings** |
| Membership No: |  |
| Number Attending: |  | **£48 incl VAT** per person paid in advance only |
|  |
| **Payment Options**: * BACS payment: HSBC Cardiff, Account No. 32793660 / Sort Code 40-16-15
* Please tick if you require a receipt ❑ (Ensure address details completed above)

**Cancellations must be notified at least 7 days prior to the meeting.** |

**Please return to:**

**Angharad Davies,**

**Email:** angharad.davies@chfoods.co.uk

**To be returned by Tuesday 12th February 2019**