**BOOKING FORM**

***National Meeting of Diocesan Co-ordinators for School and College Chaplaincy***

***Tuesday 28th March 2023***

 ***Hinsley Hall, 62 Headingley Lane, Leeds LS6 2BX***

Your Title: .....................................................................................................................................................................

Forename.......................................................................................................................................................................

Surname: .......................................................................................................................................................................

Diocese: .........................................................................................................................................................................

Phone: .............................................................................................................................................................................

Email: …………………………………………………………………………………………………………………..

*Please tick:* Day delegate (£44)

Day delegate with overnight stay\* (£108)

*\*Overnight stay includes full English or continental breakfast served between 7:00am – 9:30am*

*Check in is from 2pm on Monday 27th*

**Following the meeting, your diocese will be invoiced for the delegate fee of £44 (day) or £108 (including overnight stay and breakfast). Please provide invoice details below:**

**Diocesan Finance Office Invoice Information:**

Name: ………………………………………………………………………………………………………………………

Position: ……………………………………………………………………………………………………………………

Address Line 1: ...................................................................................................................................................................

Address Line 2: ...................................................................................................................................................................

Town/City: ...........................................................................................................................................................................

Post Code: ............................................................................................................................................................................

Email: ………………………………………………………………………………………………………………………

Any special needs in relation to your attendance:

 **Please return this form via email or post by Friday 3rd March to:**

Any dietary requirements:

 Mrs Theresa Stones

 Bishops Office

 13 Belmont

 Shrewsbury

 SY1 1TE

 Email: Theresa.stones@dioceseofshrewsbury.org