

ARHM Winter Seminar & AGM 2009

BOOKING FORM

The Conference Centre at Church House, Dean's Yard, Westminster, London

Thursday 10th December 2009

Please reserve places for the following delegate(s):-

1. NAME:

ARHM Full/Affiliate Member : £150 Non-Member : £195 £ _____

Special Dietary Requirements: No Yes Please Specify _____

2. NAME:

ARHM Full/Affiliate Member : £150 Non-Member : £195 £ _____

Special Dietary Requirements: No Yes Please Specify _____

3. NAME:

ARHM Full/Affiliate Member : £150 Non-Member : £195 £ _____

Special Dietary Requirements: No Yes Please Specify _____

4. NAME:

ARHM Full/Affiliate Member : £150 Non-Member : £195 £ _____

Special Dietary Requirements: No Yes Please Specify _____

Sub-total £ _____

plus VAT at 15% £ _____

Total £

1. I enclose a cheque for £..... made payable to the **Association of Retirement Housing Managers**

2. Please send an invoice for £..... to:

Contact name, organisation, address and phone number:

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Please send all completed booking forms and payment to:
ARHM, Southbank House, Black Prince Road, London SE1 7SJ Tel: 020 7463 0660 Fax: 020 7463 0661