

## BOOKING NOTES

Places will be allocated on a first-come, first-served basis so apply early to secure your place.

The fee for this conference is shown on the booking form. This includes conference notes, buffet lunch and refreshment.

An invoice will be raised on receipt of this booking form and sent, under separate cover, to the address indicated.

Payment must be made within 28 days of the invoice date and in advance of attendance in order to secure your place.

Cheques should be made payable to PSS Conference Account and returned to Benedict Business Resources. BACS details will be made available on request.

Unfortunately we are unable to receive telephone bookings.

## CONFIRMATION

A pack confirming your place will be mailed individually to each delegate shortly after receipt of the booking form.

## CANCELLATION

It will not be possible to refund any fees if notification of cancellation is received after 21st June 2004. Any booking cancelled after this date will be subject to the full conference fee. Substitute delegates are welcome. Notification of a change of name must be received in writing, by email or by fax.

Please note that cancellations or substitute delegate names must be received in writing, by e-mail or by fax. Please note that it may be necessary, for reasons beyond the control of Public Sector Strategies, to change the content or timing of the programme, speakers or the venue.

## DATA PROTECTION

By signing this booking form you consent to these details being stored in a database operated by Benedict Business Resources on behalf of the Public Sector Strategies which will only be used for the purposes of administering this Conference and will not be sold to any third parties.

Special needs information will be disclosed to the venue's representatives in order to facilitate your attendance at the event.

A full copy of the BBR privacy policy is available on request.

## FORCE MAJEURE

Public Sector Strategies and Benedict Business Resources shall not be liable for any failure or delay in the performance of its obligation where the same is due to any circumstances outside its reasonable control including (without limiting the foregoing) war, strikes, lockouts, flood, earthquake, natural disasters, industrial action, shortage of supplies, breakdown of machinery, failure of utility supply, transport delays, accidents, government action, fire, riot, terrorism or criminal acts or delays caused by sub-contractors.

PLEASE SEE REVERSE FOR DELEGATE BOOKING FORM

# Delegate Booking Form

## CLOSER WORKING AND MERGER OF CDRPs, DATs AND OTHER PARTNERSHIPS Working Towards Shared Outcomes

Monday, 12th July 2004

Local Government House Conference Centre, Smith Square, London SW1

**Registration** - Please complete, sign & return by fax, email or post to the conference organisers for this event:

Benedict Business Resources  
St Jude's Place, P.O. Box 617,  
Albury, Guildford, Surrey GU5 9XU

Tel: 01483 203 536

Fax: 01483 202 335

Email: [benedictbr@btinternet.com](mailto:benedictbr@btinternet.com)

### Payment:

Rate per delegate

Local Authorities

£215.00 plus £37.62 VAT. **Total £252.62**

Non-Local Authorities

£225.00 plus £39.38 VAT. **Total £264.38**

payable to **PSS Conference Account** and return to Benedict Business Resources.

*Special rates are available to delegates from the voluntary sector. Please contact us for further information.*

**Signed**

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**Dated**

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If you do not wish to be notified about future PSS conferences and events please indicate by placing a cross in the box

Please note that these details will not be sold to third parties for any purpose.

**Please complete in BLOCK CAPITALS**

### CONTACT DETAILS

Name of organisation: \_\_\_\_\_

Address to which delegate packs should be sent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Town, County: \_\_\_\_\_

Post Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Purchase Order No: \_\_\_\_\_

Invoicing Address if different: \_\_\_\_\_

### DELEGATES' DETAILS

#### Delegate 1

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

#### Special Needs – Please circle as appropriate

Vegetarian Diet

Induction Loop

Vegan Diet

Large Print

Wheelchair Access

Other (please specify)

#### Delegate 2

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

#### Special Needs – Please circle as appropriate

Vegetarian Diet

Induction Loop

Vegan Diet

Large Print

Wheelchair Access

Other (please specify)