Booking Form

Please e-mail the complete form to [mariana.ortiz@LDEngland.org.uk](mailto:mariana.ortiz@LDEngland.org.uk)

Please indicate places required:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ticket type** | **No.** | **Cost** |  |  |
| LDE Organisational Member free place |  | Free |  |  |
| LDE Organisational Member additional place |  | £100 |  |  |
| Self-Advocate place |  | £45 |  |  |
| Unwaged Family Carer place |  | £45 |  |  |
| Non-Member organisational place |  | £220 | Total Cost | £ |

Please provide attendee (s) details below:

|  |  |
| --- | --- |
| Attendee Name | Attendee e-mail address |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

Invoice details:

Organisation name Contact Name

|  |  |
| --- | --- |
|  |  |

Contact e-mail Contact phone

|  |  |
| --- | --- |
|  |  |

Invoice Address

|  |
| --- |
|  |

Post code

|  |  |
| --- | --- |
|  |  |

Payment details:

|  |  |  |  |
| --- | --- | --- | --- |
| Account: | Bank: | Sort Code: | Account number: |
| Learning Disability England | Cater Allen | 16-57-10 | 53509134 |

Contact us for assistance:

**02036 171 842 //** [mariana.ortiz@LDEngland.org.uk](mailto:mariana.ortiz@LDEngland.org.uk)