Delegate Booking Form

*Starred fields are mandatory

**NAME:**

**JOB TITLE:**

**COMPANY:**

**ADDRESS:**

**POSTCODE:** **TELEPHONE:**

**EMAIL:**

PLEASE STATE ANY ACCESS AND/OR DIETARY REQUIREMENTS:

IHEEM MEMBERSHIP NUMBER:

DELEGATE RATES: *Please note ALL PRICES BELOW INCLUDE VAT

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1 DAY CONFERENCE PASS</td>
<td>£66.00</td>
<td>£66.00</td>
</tr>
<tr>
<td>1 DAY CONFERENCE PASS WITH DINNER</td>
<td>£162.00</td>
<td>£162.00</td>
</tr>
<tr>
<td>2 DAY CONFERENCE PASS</td>
<td>£132.00</td>
<td>£132.00</td>
</tr>
<tr>
<td>2 DAY CONFERENCE PASS WITH DINNER</td>
<td>£228.00</td>
<td>£228.00</td>
</tr>
<tr>
<td>DINNER ONLY</td>
<td>£96.00</td>
<td>£96.00</td>
</tr>
</tbody>
</table>

PAYMENT DETAILS:

☐ I enclose a cheque payable to IHEEM for the sum of £________

Please attach your cheque with this form and send it the post to IHEEM.

RETURN THIS FORM TO:
IHEEM, 2 ABINGDON HOUSE
CUMBERLAND BUSINESS CENTRE
PORTSMOUTH
HAMPSHIRE, PO5 1DS
Email: events@iheem.org.uk