



SPEAKER'S SYMPOSIUM

**Friday 22nd - Sunday 24th March 2019
Jubilee Conference Centre, Nottingham University**

Full Name:
Address:
Tel no:
Email address:
Vegetarian meals required: YES/ NO Disabled facilities required: YES/ NO
Dietary requirements/known allergies:

Delegates are responsible for their own insurance.

Cost: £375

To reserve a place, please return this application form by **5th December 2018** to jennifer@nafas.org.uk, Jennifer Burnett, NAFAS, Osborne House, 12 Devonshire Square, London EC2M 4TE with a non-refundable deposit of **£150**. Final payment by **11th January 2019**.

I wish to pay by -

On-line bank transfer to: Sort Code 50-00-00 Account Number: 20620926

(As a reference please use your surname followed by SP).

I wish to pay by credit/debit card.

VISA MASTERCARD DEBIT CARD

Card No: *(16 digits)*

Valid from Date: ____/____/____ Expiry Date: ____/____/____

Security (3 digits) *on the reverse of your card.* _____

I enclose a cheque for £150 made payable to NAFAS.

I agree that NAFAS may hold my personal data, by electronic or other than electronic means, for purpose of communication. This information may be held for a period of no more than 3 years or will be deleted at your request.

Name (printed)

Signed

Date

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