

DUCHENNE FAMILY SUPPORT GROUP

**National Conference 6 – 7 June 2009
Park Inn Hotel, York**

BOOKING FORM

Contact Details

Please provide details of the person making the booking

Mr, Mrs, Dr, etc	First Name	Family Name	Wheelchair User?	Special Dietary Needs
Job Title (if applicable)		Name of Organisation (if applicable)		
Address:				
Post Code				
Tel:		E-mail:		

Details of other members of your family or group

Full Name	Age if under 15	Wheelchair User	Has DMD	Special Dietary Needs

Do you wish one child (if under age 15) to share your room at an additional cost of £10? **Yes/No**
If yes, please state name and age of child (and please remember to include this cost in the Total Amount Due box overleaf)

Do you require child care (available for under 13s and on Saturday only) at a nominal charge of £5 per child? **Yes/No**
If yes, please state name(s) and age(s) of the child(ren). Again, please remember to include this in the Total Amount Due box.

Please indicate which workshops you would like to attend, stating how many people from your family or group

Morning Session	Number of people	Afternoon Session	Number of People
A. Benefits and Welfare Rights		E. Benefits and Welfare Rights	
B. Post 16 Education		F. Post 16 Education	
C. Respite Care		G. Respite Care	
D. Physiotherapy and Respiratory Care		H. Physiotherapy and Respiratory Care	

Please indicate which sessions you would like to book and tick (✓) which rate is applicable to you:

	Subsidised Rate	Full Rate	Number of Adults	Number of Children
	(Refer to programme for costs)			
Whole Conference (including overnight accommodation)				
Saturday only, including dinner				
Saturday only, excluding dinner				
Sunday only, including lunch				

Please note that you will be responsible for contacting the hotel and reserving your room(s), although the cost will be included in your conference fee

Please remember to add any charges for child care and/or child sharing parents' room.

TOTAL AMOUNT DUE

*I enclose a cheque in full payment made payable to the DFSG

*I enclose 2 cheques in full payment made payable to the DFSG, each for 50% of the amount due. (NB The first cheque must show the current date, and the second cheque should be post dated to 28 May 2009)

* Please delete as appropriate

If you will be arriving on Friday night, please tick the box
(Please note that you will be responsible for booking and paying for your room(s) for the Friday night)

I understand that refunds are only allowable in exceptional circumstances, at the discretion of the Management Committee

Signed

Print Name

Date

Please return your completed booking form with payment by **Tuesday, 5 May 2009 at the latest** to:

Ann Patterson
DFSG Secretary
6 Laburnum Road
Sandy
Bedfordshire
SG19 1HQ

Registered Address: 78 York Street, London W1H 1DP
Registered Charity No. 328220
Office Tel / Fax: (0870) 241 1857 • e-mail: info@dfsg.org.uk • website: www.dfsg.org.uk