**BOOKING FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** |  | **Forename** | | |  | | | |
| **Surname** |  | | | | | | | |
| **Type of Ticket** | **Consultant** | | | **Trainee/Student** | | | **Nurse/Non-Medical** | |
| **2 Day Meeting inc Gala Dinner & Tour** | **£250** | |  | **£200** | |  | **£200** |  |
| **2 Day Meeting only** | **£200** | |  | **£150** | |  | **£150** |  |
| **Gala Dinner & Tour** | **£75** | |  | (transport not included) | | | | |
| **Email address** |  | | | | | | | |
| **Organisation** |  | | | | | | | |
| **Job Title** |  | | | | | | | |
| **Special dietary or access requirements** |  | | | | | | | |
| **Do you want Kidneys for Life to invoice your organisation?** | | | | Yes/No - If Yes please provide invoice address and Purchase Order Number (if required). | | | | |
| **BACS** | If paying by bank transfer send your payment to:  Royal Bank of Scotland, Mosley Street, Manchester M60 2BE  Account Name: **Kidneys for Life** Account Number: **11424879**  Sort Code: **16-30-15** IBAN: **GB76RBOS16301511424879**  SWIFT: **RBOSGB2L** Please use the delegate name as your reference | | | | | | | |
| **Cheque** | Please find enclosed a cheque for the amount of £  made payable to **Kidneys for Life** | | | | | | | |
| **Please send all correspondence and cheques to:** Kidneys for Life, Renal Research Labs, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL United Kingdom | | | | | | | | |
| **Terms & Conditions:**  **Cancellations: MUST** be received in writing via email to [fundraiser@kidneysforlife.org](mailto:fundraiser@kidneysforlife.org) or via Eventbrite at least 7 days prior to the meeting and must contain the full booking details including delegate and organisation name and contact details. Your cancellation will be confirmed by email along with an invoice for any fees due.  **Please note your booking is not confirmed until payment has been received**. | | | | | | | | |