** BOOKING SLIP: GROWING A DEMENTIA FRIENDLY CHURCH, 19 MARCH 2016**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL (*essential*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL *(essential)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people attending: \_\_\_\_\_\_\_\_\_\_

**Fee: £15pp. *Early bird offer: £10pp if you book by 1 February 2016* (non-refundable).****Complimentary places available to participants in the early stages of dementia and to anyone caring for someone with dementia.**

Please tick as appropriate:

□ I enclose a cheque for £ \_\_\_\_\_\_.

□ I have transferred £ \_\_\_\_\_\_ by BACS. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

□ I would like \_\_\_\_ complimentary place(s). I am a carer for someone with dementia / I have dementia.

**HOW TO PAY**

**By cheque:**  Please make cheques payable to ***Wellspring Therapy & Training*.**

**By bank transfer**: Account number: 00014594, Sort code: 40-52-40, reference: Dementia.

Please return booking slip & cheque to Wellspring, 2 Prospect Road, Starbeck, Harrogate, HG2 7PB or, if paying by bank transfer, by email to [office@wellspringtherapy.co.uk](mailto:office@wellspringtherapy.co.uk) . Your place can only be secured upon receipt of payment.