

**National Training Event (NTE) 2013: 10th – 12th July 2013**

**Exhibition and Conference Centre, University of the West of England, Frenchay Campus, Coldharbour Lane, Bristol, BS34 8QZ**

**DELEGATE GROUP BOOKING FORM**

If you wish to make a group booking on behalf of your organisation’s employees, please complete this form and email it to conference@pmguk.co.uk. Please note: hand written forms will not be accepted.

Before completing this form we advise you to check the membership status of employees, and ask them to [become a member](http://www.pmguk.co.uk/component/option%2Ccom_rsmembership/Itemid%2C8/cid%2C1/task%2Csubscribe/) if they are not already. **A non-member surcharge of £25.00** will be added to your invoice for each non-member you book, and membership will only cost each employee £25.00 for a year. For this price they will receive two PMG journals, discounts to our events and a £10.00 book voucher to use at the NTE, all of which will be beneficial to their on-going development within the posture and mobility field.

If you have any queries regarding your group booking, please email conference@pmguk.co.uk.

**SECTION 1: DELEGATE INFORMATION**

**State the number of delegates you would like to book:**

**Please provide the requested information (below) for ALL the delegates you are booking places for.**

*Parallel Sessions are only available for delegates who book* [*Package 1*](http://www.pmguk.co.uk/prices.html)*,* [*Package 2*](http://www.pmguk.co.uk/prices.html) *or a* [*Thursday Day Delegate rate*](http://www.pmguk.co.uk/prices.html)*. For full details on the eight Parallel Sessions available this year please view our* [*programme*](http://www.pmguk.co.uk/programme.html)*. If selecting PS8, this will cover both the 1st and 2nd sessions, so please select this for both sessions. Delegates may also opt to spend extra time in the exhibition, by choosing PS9.*

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| **Full Name** | **Email Address** | **Occupation** | **PMG Membership Status** | **1st Parallel Session (2:15pm –3:15pm)** | **2nd Parallel Session (4pm – 5pm)** | **Special Dietary Requirements** | **Other Special Requirements** | **Share contact details with other delegates?** |
| *e.g. Joe Bloggs* | *conference@pmguk.co.uk* | *Rehabilitation Engineer* | *Non-member* | *PS2* | *PS5* | *Vegetarian* | *Wheelchair accessible room* | YES |
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**SECTION 2: BOOKING INFORMATION**

**Please type the names of delegates against the type of booking you wish them to have.**

*Please note: you should either choose a package or select items individually*

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|  | **Names** |
| **Package 1:** £330.00 + VAT*Includes full access to conference proceedings and exhibition (with buffet lunch and refreshments) for Thurs and Fri, plus a Gala Dinner ticket for Thurs evening.* |  |
| **Package 2:** £385.00 + VAT*Same as above, but also includes onsite B&B accommodation for Thurs.* |  |
| **INDIVIDUAL OPTIONS:***Only select these if not selecting Package 1 or Package 2.* |  |
| Day Delegate (inc. Exhibition Pass) Thurs 11th July: £170.50 + VAT |  |
| Exhibition Pass Thurs 11th July: £37.50 + VAT |  |
| Gala Dinner Thurs 11th July: £44.00 + VAT |  |
| B&B Thurs 11th July: £55.00 + VAT |  |
| Day Delegate (inc. Exhibition Pass) Fri 12th July: £170.50 + VAT |  |
| Exhibition Pass Fri 12th July: £37.50 + VAT |  |

**If any of the employees stated above are Invited Speakers/Presenters, Bursars or PMG Sub-Committee members, please state their names below:**

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**There will be a free BBQ dinner on the evening of Wednesday 10th July, kindly sponsored by James Leckey Design. Please state how many of your employees will be attending:**

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**SECTION 3: ORGANISATION DETAILS**

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| **Name of organisation:**  |
| **Organisation Address:** **Post Code:**  |

**SECTION 4: CONTACT DETAILS**

**Please provide the details of the person we should contact if we have any queries regarding this group booking.**

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| **Name:**  |
| **Position in Organisation:**  |
| **Tel:**  |
| **Email Address:**  |

**SECTION 5: INVOICING DETAILS**

**Please complete this section if the Invoicing Details differ from the Organisation Details and Contact Details.**

*If you require a Purchase Order Number for your invoice, please also include this.*

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| **Contact Name:** |
| **Invoicing Address:****Postcode:** |
| **Tel:** |
| **Email Address:** |
| **Purchase Order No.** |