

PILGRIMS 35th Anniversary Conference 2009

REGISTRATION FORM
Please write in **CAPITALS**.



PERSONAL DETAILS

Family Name: _____

First Name (s): _____

Sex: Male: ____ Female: ____

Date of Birth: Day: ____ Month: ____ Year: ____

Nationality: _____

Mother Tongue Language: _____

Home Address (all correspondence will be sent here)

Town: _____ Post Code: _____

Country: _____

Telephone: _____ Fax: _____

Mobile: _____ Email: _____

How did you hear about Pilgrims?

Family / friend: ____ Name: _____

Agent: ____ Name: _____

Teacher: ____ Name: _____

British Council: ____ Internet: ____ Other: _____

Have you been to Pilgrims before? Yes: ____ No: ____

How many times? ____ When was the last time? _____

Medical & Dietary Information

Do you have a medical condition or disability we should know about? Yes ____ No ____

Do you have any allergies (e.g. to animals, food medicines?) Yes ____ No ____

Do you have any special dietary requirements? Yes ____ No ____

Do you smoke? Yes ____ No ____

Emergency Contact Details

Name _____ **Mobile** _____

Telephone: Area code - _____ **Number** _____

E-mail _____

FEES & WORKSHOPS CYCLES

You must indicate your chosen Workshop Cycle now. Please tick One only for each cycle

Workshop Cycle 1

Hanna Kryszewska Paul Davis Bonnie Tsai Eleanor Watts Gill Johnson

Workshop Cycle 2

Sheelagh Deller Marie Delaney Mario Rinvoluceri Chaz Pugliese Mark Almond

Workshop Cycle 3

Adrian Underhill Tim Bowen Christine Frank Luke Prodromou Adrian Tennant

COURSES AND FEES

Course Title THE PILGRIMS 35TH ANNIVERSARY CONFERENCE

Fee € 743 or £ 550

Accommodation Options

PLEASE CHOOSE YOUR ACCOMMODATION OPTION BELOW:

Self Catering - £120 (€162) for 1 week

Fee € _____ or £ _____

Residential with Private Bathroom - £248 (€334) for 1 week

Fee € _____ or £ _____

TOTAL COST

Total Fee € _____ **or** £ _____

PAYMENT

Full payment must be sent with this Registration Form to guarantee your place. Choose payment option 1 or 2. Exceptions can only be made for teachers who have applied for Comenius/Grundtvig Funding. If you are a Teacher who has applied for a Comenius/Grundtvig Grant, you must send a copy of your funding application form with this Registration Form and ensure that full payment is sent to Pilgrims **no later than 4 weeks before the Conference start date.**

INVOICE ADDRESS (Name and address of person paying if different from home address)

Family Name: _____

First Name (s): _____

Address: _____

Town: _____ Post Code: _____

Country: _____

Telephone: _____ Fax: _____

Mobile: _____ Email: _____

1. I wish to pay by bank transfer

I enclose a copy of the bank transfer papers with my name on. Yes ___ (✓)

Transfer the total fees to Pilgrims Ltd's account at Fortis Bank NV-SA, 23 Camomile Street, London EC3A 7PP, England
ACCOUNT NUMBER: 3919 9501 SORT CODE: 40-52-62
IBAN NUMBER: GB74 GEBA 405262 3919 9501
PLEASE INCLUDE ALL BANK CHARGES

2. I wish to pay in Euro € ___ (✓) I wish to pay in Pounds Sterling £ ___ (✓)

I wish to pay €/£ _____ by Visa / Mastercard ___ (✓)

Card number: _____ / _____ / _____ / _____ 3 Digit Security Code _____

Expiry Date: ____ / ____

Signature: _____

Name of cardholder: _____

Address of cardholder: _____

Town: _____ Postcode: _____

Country: _____

Please ensure that you have sufficient credit on your card to cover the full fees.

CONFIRMATION

Please sign below to confirm you accept the terms and conditions of this booking as set out in this form and Pilgrims Ltd's brochure.

Signature: _____ Date: _____

Pilgrims will not pass on your details to another organisation for marketing purposes.
Would you like to receive future information about Pilgrims? Yes: _____ No: _____

Please email or fax this completed Registration Form with Payment details to Pilgrims:

Fax Number: + 44 1227 459027
Email: lizzie@pilgrims.co.uk
Telephone: + 44 1227 762111

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