**Day Delegate / Evening Events Booking Form**

**Delegate Details:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Forename |  | Surname |  |
| Job Title |  |
| Authority/Organisation |  |
| Address |  |
|  | Post Code |  |
| Contact Number |  |
| Email |  |
| **Notes** *(if booking for more than 1 guest for attendance at evening function, please list attendee names below)* |
|  |

The days of the conference have been themed so that you can choose whether to attend one, two or all three days. Each day rate includes all sessions for that day, refreshments and lunch at the venue.

Please indicate which day(s) you would like to attend in the form below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Booking Type** | **Cost Per Day** | **08-Sep-2015** | **09-Sep-2015** | **10-Sep-2015** |
| Early Bird Day Delegate | **£80** | □ | □ | □ |
| Standard Day Delegate | **£85** | □ | □ | □ |

We are also offering the opportunity to attend one or both of the evening meals; this includes both delegates and non-delegates, which have been organised for this conference. Please indicate if you would like to attend the evening functions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Event Type** | **Cost per person** | **08-Sep-2015** | **09-Sep-2015** | **No. of Guests** |
| Formal Evening Meal | **£80** | □ |  |  |
| Gala Dinner | **£95** |  | □ |  |

**Details for Delegate Invoicing**

Invoices will be sent to the person given in the details below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title |  | Forename |  | Surname |  |
| Job Title |  |
| Authority/Organisation |  |
| Address |  |
|  | Post Code |  |
| Contact Number |  |
| Email |  |
| Amount to Pay |  | Purchase Order No. *(if applicable)* |  |

*Once completed please return to Mersey Port Health Authority, Trident House, 105 Derby Road, Liverpool, L20 8LZ; or via email at importedfood@liverpool.gov.uk*