

# Registration Form

## Delegate Details

Title:  First Name:

Surname:

Organisation (if any):

Job title (if applicable):

Address:  Postcode:

E-mail address:

Telephone:  Fax:

Payment (please tick the appropriate box):

- Small community group/voluntary organisation ..... £15
- Childminder/parent/private individual ..... £15
- Community and voluntary sector organisation ..... £30
- Public/private sector ..... £40

Which workshops would you like to attend? (Please indicate workshop number)

In the morning 1st choice:  2nd choice:

In the afternoon 1st choice:  2nd choice:

Special requirements (e.g. dietary, mobility, hearing, vision etc.):

Number of places required at crèche:  Crèche is free. Places are limited and offered subject to availability.

Signed:  Date:

Please ensure you have read the terms and conditions before submitting this form - these can be found in the conference programme which you'll need to be able to complete this form.

*This form is intended for those with a programme who wish to print extra forms.*

*The conference programme can be downloaded at [www.cvsfalkirk.org.uk/childprotection](http://www.cvsfalkirk.org.uk/childprotection)*

We recommend that you retain a copy of this form for your own records.

**Return to: CVS Falkirk and District, Unit 6, Callendar Business Park, Callendar Road, Falkirk, FK1 1XR**



**child protection conference**

Monday 19th November 2007  
St. Mungo's High School, Falkirk