

Office only

Payment reference: \_\_\_\_\_ Cost: £ \_\_\_\_\_



# HACS

Hillingdon Autistic Care & Support  
Registered Charity Number 1066859

## Workshop Booking form – Details of person attending

<b>Workshop Title</b>	
<b>Workshop Date &amp; Time</b>	

Please mark one of the following:

<b>I am a parent of an autistic person / I am a professional working with autistic people</b>
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<b>Name</b>	
<b>Contact Number</b>	
	If you are a professional please use the address of your organisation
<b>Address</b>	
<b>Post code</b>	
<b>Email</b>	
<b>Circle your answer</b>	<b>I would like to be added to your mailing list: Yes / No</b>
<b>Special Requirements</b>	

If you require an invoice, please complete the following to who this should be sent

<b>Name</b>	<b>Email</b>

Please tick your chosen payment method

<b>BACS payment</b>  Sort Code 20-73-53 Account No. 63532836 Account Name: Hillingdon Autistic Care and Support. <b>Reference your payment with:</b> <b>YOUR SURNAME, (WSHOP DATE), WS</b> Example: SMITH 01.01.19 WS	<b>Cheques</b> Payable to Hillingdon Autistic Care & Support Cheques posted are at owner's risk  <b>Cash</b> Deliver to: HACS, Dudley Place, Off Pinkwell Lane, Hayes, Middx UB3 1PB Cash posted is at owner's risk
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For further enquiries please telephone: 0208 606 6780

Please email this form to [catherine@hacs.org.uk](mailto:catherine@hacs.org.uk)

Or post this form to: Hillingdon Autistic Care and Support, Dudley Place, Hayes, UB3 1PB

Refund policy - Delegates who wish to cancel their place must cancel in writing, at least 7 days prior to the event to receive a full refund. If no cancellation in writing is received within this time, then we are unable to offer a refund.