

Office only

Payment reference: _____ Cost: £ _____



HACS

Hillingdon Autistic Care & Support
Registered Charity Number 1066859

Workshop Booking form

I would like to request a place on the following workshop:

Workshop Title	
Workshop Date & Time	

Details of person attending:

Name	
Contact Number	
Address	(If you are a professional please use the address of your organisation)
Post code	
Email	
Circle your answer	I would like to be added to your mailing list: Yes / No
Special Requirements	

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

Name	Email

Please tick your chosen payment method

BACS payment Sort Code 20-73-53 Account No. 63532836 Account Name: Hillingdon Autistic Care and Support. Please quote your surname and workshop title as payment reference if you do not require an invoice	Cheques Payable to Hillingdon Autistic Care & Support Cheques posted are at owner's risk Cash 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 clatherine@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.