

# Payment Details

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**Contact details** (please print)

**Organisation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel no:** \_\_\_\_\_

**Fax no:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## Number of places

No. of pre-conference dinner places at **£49** per person: \_\_\_\_\_

No. of member only early bird at **£175:** \_\_\_\_\_ No. of standard at **£195:** \_\_\_\_\_

No. of non members at **£225:** \_\_\_\_\_

## Method of payment

 (please tick box)

I enclose a cheque for £ \_\_\_\_\_ made payable to:

**Association of Charitable Foundations**

Please invoice my organisation for £ \_\_\_\_\_

I would like to apply for a bursary.

Bursaries are available on a first-come, first-served basis to representatives of smaller grant-making trusts who would like to attend the conference. Please contact **conference@acf.org.uk** or telephone 020 7255 4499 for further details.

## Invoices

Invoices will be sent to the address supplied above. Please give further details below if required:

Invoice for the attention of: \_\_\_\_\_

Direct dial telephone no: \_\_\_\_\_

Direct email: \_\_\_\_\_

NB: All invoices must be paid by **Wednesday 15 September 2010**. Conference bookings will not be confirmed until payment is received.

## Data protection

Data Protection Act 1998: Information supplied to ACF will be used for the purposes of conference registration and administration. ACF may use this information to inform you about our services and future events. If you do not wish to be contacted by ACF about these please write to Mike Jousiffe at ACF, Central House, 14 Upper Woburn Place, London, WC1H 0AE. We will not supply your information to any other parties.

## Terms & Conditions

Refunds for cancellation will be subject to a 20% administration fee. No refunds will be given for places cancelled within 2 weeks of the start date. Delegate places can be transferred but any cancellation will be subject to 20% fee. Notice of all cancellations and transferred delegates must be received in writing no later than 8 September 2010 by ACF, contact details as above.

**In common with all ACF events, this conference may not be used to seek funds. Please sign and date to confirm you agree to the terms and conditions and to authorise your booking.**

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Signature

Print Name

Date

**Conference fees  
frozen at 2007 prices**

# Registration Form

Please complete both sides of this form and send to:

**ACF, Central House, 14 Upper Woburn Place, London, WC1H 0AE**

**Telephone: 020 7255 4499 | Fax: 020 7255 4496**

**Email: [conference@acf.org.uk](mailto:conference@acf.org.uk)**

This brochure can also be downloaded from

**[www.acf.org.uk/conference](http://www.acf.org.uk/conference)**

## Conference fees

- Pre-conference dinner & networking event (21 September 2010)  
**£49** per person, including drinks on arrival and glass of wine with dinner
- Early bird (ACF members only) **£175** (deadline Tuesday 10 August)
- Standard (ACF members only) **£195** (booked after Tuesday 10 August)
- Non members **£225**

Fee includes light refreshments, lunch and evening reception.

## Book a place at ACF Conference 2010

**I'd like to book \_\_\_\_\_ place(s) at ACF Conference 2010**

## Delegate details

Please fill out details below for each delegate including a selection of 1st, 2nd and 3rd preference for morning and afternoon break out sessions using the code provided in the brochure. ACF reserves the right to change the allocation to break out sessions if necessary.

Delegate 1 Name: \_\_\_\_\_

Job Title/Role: \_\_\_\_\_

AM break out session choice: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

PM break out session choice: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Please tick if delegate is attending:

ACF's AGM (members only)     Evening reception

Special dietary/access/other requirements: \_\_\_\_\_

Delegate 2 Name: \_\_\_\_\_

Job Title/Role: \_\_\_\_\_

AM break out session choice: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

PM break out session choice: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Please tick if delegate is attending:

ACF's AGM (members only)     Evening reception

Special dietary/access/other requirements: \_\_\_\_\_

Delegate 3 Name: \_\_\_\_\_

Job Title/Role: \_\_\_\_\_

AM break out session choice: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

PM break out session choice: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Please tick if delegate is attending:

ACF's AGM (members only)     Evening reception

Special dietary/access/other requirements: \_\_\_\_\_

**Please turn over and complete payment details before sending**

**Early Bird discount  
deadline 10 August 2010**