To: SMIRA, 5 Keyham Close, Leicester, LE5 1FW

I/We would like to attend the SMIRA Conference in Leicester on 30th March 2019

Name:.................................................................

Address:...................................................................................................................................................

Post Code.................................................. Tel:.............................................................................

Email address (please write clearly)........................................................................................................

Names of adults attending: Relationship to SM child:

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For any children attending with parents, please state age and if SM:

Name........................................................... Age.................. SM? .....................

Name.......................................................... Age.................. SM? ....................

If you are an interested professional, please give details of your current position:

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Any special dietary requirements............................................................................................................

Any particular topics you would like to raise during discussion time:.....................................................

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I/We enclose a booking fee/donation of £24 per person which we understand will be regarded as non-refundable. We also enclose a Gift Aid form, duly signed (if applicable). (If you require a receipt, please enclose an SAE).

Please see attached sheet for details of payment options.

Continued........

If you are happy for SMIRA to include your name and location on our list of those attending Conference, for circulation only to those involved with the Conference and to no outside sources whatsoever, *please tick the box below.*

By using this Booking Form, you agree to SMIRA storing and using your contact details and other information contained therein for the purpose of this Conference only. We will not keep this information for other purposes (e.g. mailing lists) or to pass it to third parties other than as agreed above. Please see our Privacy Policy at [www.selectivemutism.org.uk/privacy-policy](http://www.selectivemutism.org.uk/privacy-policy) for further details.

*Please tick the box to accept these terms.*

Please complete and return as soon as possible, as places are subject to availability.

Signed............................................................... Date..................................................

* ing this Booking Form you agree to SMIRA storing and using your name, contact and message information to relation to this Conference. We won't keep this information for other purposes (eg mailing lists) or pass it to third parties. Please see our [Privacy Policy](http://www.selectivemutism.org.uk/privacy-policy) for more details.
***Please tick the box to accept these terms then click Send.***