



Values Based Financial Planning Workshop 2009

Monday 20 April 2009 | Birmingham

1. General

Name/s: _____

Company: _____

Address: _____

Telephone: _____ Email: _____

IFP Member: Yes / No Membership No.: _____ CFP Licensee: Yes / No

2. Attendance

RATES QUOTED ARE VAT EXEMPT		Quantity	Member	Non Member	Total
<input type="checkbox"/>	Standard Delegate Rate		£125.00	£175.00	
<input type="checkbox"/>	2 or more places (each)		£100.00	£150.00	
GRAND TOTAL:					

3. Payment

<input type="checkbox"/> CHEQUE	I enclose a cheque for the GRAND TOTAL above made payable to 'Institute of Financial Planning'
<input type="checkbox"/> CREDIT/ PAYMENT CARD	Please debit my credit card for the GRAND TOTAL above <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Other (Amex not accepted):
Name on card (as printed):	_____
Card address: (if diff to above)	_____
Card number:	_____
Expiry date:	_____
Issue # or 'valid from' date	_____
3 digit security No:	_____
Signature:	_____

5. Special Requirements

Do you have any special requirements to enable you to attend this event? (eg: diet etc)

No Yes (please give details) _____

Terms & Conditions of Booking

Booking terms & conditions are available via the IFP website, www.financialplanning.org.uk, under the events tab. If you would like to be emailed a copy please contact the IFP office on 0117 9452470.

6. Where did you hear about this event?

To help us with our future marketing, please confirm where you heard about this event:

7. Authorisation

By signing this booking form, you and any delegates you are booking on to this event, are agreeing to the terms and conditions of booking.

Signed: _____ Date: _____

Please complete and return to:

VALUES BASED FP W/S REGISTRATIONS

Institute of Financial Planning

Whitefriars Centre

Lewins Mead

Bristol BS1 2NT

F: 0117 929 2214

Office Use Only

Date Received:

Processed:

Notes: