



# BOOKING FORM

## ONE DAY CONFERENCE

**Venue:** Queen Elizabeth Olympic Park, 14 East Bay Lane, London E15  
**2GW Time:** Registration: 8.30am, Start: 9:30am, Finish: 4.30pm

**Date:** Tuesday 5 October 2021  
**Dress:** Smart Casual

**Please note:** Bookings are only accepted with full payment in advance. Your booking is not guaranteed until you have received written confirmation from the BCO. If you do not receive confirmation within 10 working days, please contact [events@bco.org.uk](mailto:events@bco.org.uk).

### BOOKING DETAILS

Full Name	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Email	<input type="text"/>	Telephone	<input type="text"/>
Membership No. (if applicable)	<input type="text"/>		

### RESERVATIONS

**Members:** Please reserve  place(s) at the price of £285 + VAT @20% (£57) = £342 per place

**Non- Members:** Please reserve  place(s) at the price of £350 + VAT @20% (£70) = £420 per place

### PLEASE RETURN THIS BOOKING FORM BY EMAIL OR POST TO:

**Email:** [events@bco.org.uk](mailto:events@bco.org.uk), **Tel.:** 020 7283 0125  
**British Council for Offices, 78-79 Leadenhall Street, London EC3A 3DH**

**Please note:** Price includes conference programme, light lunch and coffee breaks.

**Cancellation policy:** Unfortunately, due to commitments with caterers, we are unable to offer refunds. The BCO are unable to raise invoices in advance for payment but will issue a VAT receipt after payment has been received.

**COVID policy:** For the safety of our attendees and onsite BCO staff, this in-person event will adhere to Government guidelines and follow Here East's safety protocols. Please refer to [www.bco.org.uk](http://www.bco.org.uk) for full details.

Total payment £  (incl. Vat) Full payment is required at the time of booking.

I enclose a cheque for £  (incl. VAT) made payable to 'British Council for Offices'

Please debit my  Visa  Mastercard

Credit Card number

Security Code    (Last 3 digits on reverse of card) Expiry date     Signature

### PAYMENT DETAILS

Cardholder's name and address, if different from details above.

Billing address, if different from details above.

Title	<input type="text"/>	First Name	<input type="text"/>	Full Name	<input type="text"/>
Surname	<input type="text"/>			Company	<input type="text"/>
Address	<input type="text"/>			Address	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>		<input type="text"/>
Email	<input type="text"/>				<input type="text"/>
Tel.	<input type="text"/>			Postcode	<input type="text"/>