

# BVA/CEN VOICE CLINICS FORUM

Sat 2nd Feb & Sun 3rd Feb 2019

The Governor's Hall, St Thomas's Hospital, London SE1 7EH



Registered and postal address:

330 Gray's Inn Road  
London WC1X 8EE

Tel: +44 (0)300 123 2773

administrator@britishvoiceassociation.org.uk

[www.britishvoiceassociation.org.uk](http://www.britishvoiceassociation.org.uk)

Registered charity no: 1078709

A private company limited by guarantee  
Registered in England No: 3873285

## APPLICATION FORM

### Rates: BOOK BOTH TOGETHER

Early bird until FRI 4.1.2019

Members:£135 Non-Members:£180 Students:£80

After: Members:£165 Non-Members:£215 Students:£90

### Rates: BOOK A SINGLE EVENT

**SAT 2.2.2019: afternoon tea included**

Early bird until 4.1.2019: Members:£50 Non-Members:£65 Students:£40

After: Members:£65 Non-Members:£80 Students:£50

**SUN 3.2.2019: lunch included**

Early bird until 4.1.2019: Members:£95 Non-Members:£125 Students:£50

After: Members:£110 Non-Members:£140 Students:£60

## IMPORTANT!

A: deadline for the receipt of POSTAL applications is: Friday 25th January 2019

B: after 25.1.2019, telephone bookings will be accepted up to 12noon on Tues 29.1.2019

**SUBJECT TO AVAILABILITY. Please ring: 0300 123 2773**

C: if you turn up without prior booking, you run the risk of a SURCHARGE on the day

Name :.....

Profession: .....

Voice Clinic (where applicable):.....

Email: .....

(This will only be used to send you information about this course)

I am applying for this course at the rate of £ ..... by the following payment method:

1) **Online: 08-92-99** (sort code) **65483057** (account number) **British Voice Association** (account name)  
**REMEMBER:** to put your name in the reference box and ring the office/email form to register your details

2) **Cheque:** Please make cheques payable to: **British Voice Association**

3) **Invoices:** Please send in your completed form along with name/address of where to send invoice to

Name/address to send invoice to.....

.....**PURCHASE ORDER NUMBER:**.....

4) **Credit Card:** Please debit my DEBIT CARD / VISA / MASTERCARD

Card No: .....

Expiry date:..... 3 digit security no:..... Billing address for card (post code only - this is a

security check): ..... Signature:..... Date:.....

### Cancellation policy for a BVA event

In the event an applicant cancels their place at a BVA course or conference, they are entitled to the following refund

4 weeks or more = 90% refund

Between 4 -1 weeks = 25% refund

From 1 week to the day of event = no refund (under any circumstances, including illness)

Should the BVA cancel a course, a full refund will be offered.