**Voice of the Poor October 2016 Booking form**

|  |  |  |  |
| --- | --- | --- | --- |
| **School name** |  | | |
| **Contact telephone number** |  | | |
| **Staff contact name** |  | | |
| **Name/s of staff attending(if different)** |  | | |
| **Staff Email address** |  | | |
| **Number of pupils attending** |  | | |
| **If possible, please provide names of pupils attending** |  | | |
| **Do you know of any special dietary requirements in your group?** | | | |
| **Are these pupils already involved in a school SSVP group?** | | | |
| **Payment enclosed?(please make cheque payable to the Conforti Institute, cost is £300)** | | | **YES/NO** |
| **If no, would you like us to invoice the school?**  **If so, please provide the name of your Finance Officer:** | | |  |
| **Please tick your preferred date:** | | |  |
| Monday 3rd &Tuesday 4th October  Thursday 6th & Thursday 7th  Monday 24th & Tuesday 25th October  Monday 31st October & Tuesday 1st November | | | |
| **Signature** | |  | |
| **Date** | |  | |