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

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| **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 OctoberThursday 6th & Thursday 7thMonday 24th & Tuesday 25th OctoberMonday 31st October & Tuesday 1st November |
| **Signature** |  |
| **Date** |  |