



**“INSPIRING PARTNERSHIP” CONFERENCE  
SATURDAY MARCH 12<sup>TH</sup>  
APPLICATION FORM**

**PLEASE PRINT THROUGHOUT**

**FULL NAME** .....

**ORGANISATION REPRESENTED (IF ANY)** .....

**POSTAL ADDRESS**  
.....  
.....

**PHONE NUMBER(S)** .....

**EMAIL ADDRESS**  
.....

**DO YOU PREFER CONTACT BY EMAIL OR POST?** .....

**WHAT DO YOU HOPE TO GAIN FROM THE CONFERENCE?** .....

**ANY DIETARY REQUIREMENTS OR SPECIAL NEEDS**  
.....

**DO YOU PLAN TO STAY FOR THE EVENING ENTERTAINMENT? YES/NO**

**DO YOU NEED HELP/ADVICE WITH OVERNIGHT ACCOMMODATION?** (We will contact you for more details if you do.) **YES/NO**

**CONFERENCE FEE - £25 IF PAID BY 1<sup>ST</sup> FEBRUARY, £30 IF PAID BY CLOSING DATE 1<sup>ST</sup> MARCH. (This includes free entry to the evening entertainment.)**

***PAYMENT SHOULD BE MADE BY CHEQUE PAYABLE TO “STEVENAGE-KADOMA LINK ASSOCIATION”, AND SENT WITH THIS FORM TO***

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