



CMJ UK CONFERENCE 2024



DAY VISITOR

Please complete a separate form for each surname attending.

Name:

Address:

Telephone:

Mobile:

e-mail:

Postcode:

Are you happy for us to share your name with other attendees, if requested? YES NO

Please click here if you would like to be on our mailing list

We strive to keep your information secure and fulfil our obligations under the General Data Protection Regulation 2018. We keep membership records on our database to process donations, reclaim gift aid and send you relevant ministry updates. For full details email office@cmj.org.uk.

First Name (Preferred name for Badge if different)	Surname	Age (if under 40 at date of Conference)	Day required (all meals except breakfast are included)			Disability / Mobility Limitations?	Food Allergies?	First time attending?
			Friday evening 5-10	Saturday	Sunday (inc. lunch)			
						Yes / No	Yes / No	Yes / No
						Yes / No	Yes / No	Yes / No
						Yes / No	Yes / No	Yes / No
						Yes / No	Yes / No	Yes / No
						Yes / No	Yes / No	Yes / No

Do you have young people (12-18 at date of Conference) wishing to attend the CMJ Youth Conference? Yes No (please complete the separate Youth form).

Please give more information about disabilities / Mobility limitations noted above:

Name	Disability / Mobility limitations we need to be aware of	Can you manage steps?

Please give more information about food allergies/sensitivities noted above:

Name	Food allergies/sensitivities we need to be aware of

Please turn over

Booking terms and conditions:

Friday including Shabbat Supper £35; **Saturday** including refreshments, lunch and supper £40; **Sunday** including refreshments and lunch £35.

Children 11 and under are free. (Youth Conference for 12-18's **only** £49 for the whole weekend.)

Day Visitors are required to pay the full fee upon booking. We are unable to make refunds after 1st May 2024

How did you hear about Conference? CMJ Website Mailout Conference Email Event (please name) Social Media Other (please specify)

PAYMENT INFORMATION

Full cost for those on this form (number of people x **total** amount payable each): £

Donation to the Bursary Fund: £ *This is to help those who would be unable to attend the Conference.*

Donation to CMJ UK £

Total cost £

TOTAL AMOUNT PAYABLE WITH THIS FORM: (Deposits and donations) £ *Please make cheques payable to 'CMJ UK'.*

Card payment: Card Type: Mastercard Visa Debit Card Credit card Card Holder (name as on card) _____

Card No: (16 figures) _____ / _____ / _____ / _____ Start date _____ / _____ Expiry Date _____ / _____ Security No. _____

Please click here if you would like details of our monthly pre-pay scheme.

Please click here if you would like to receive help from the Bursary Fund. **Please note:** Decisions concerning the Bursary Fund will be made by the CMJ CEO.

Please check that you have completed all the required information before returning the form with payment to the following address:

CMJ UK, Eagle Lodge, Hexgreave Hall Business Park, Farnsfield, Nottinghamshire, NG22 8LS. For further information, please call **01623 883960** or e-mail

conference@cmj.org.uk

ADMIN USE ONLY PLEASE PUT INITIALS BESIDE EACH ENTRY

Date processed: _____ Amount received: _____ Payment type: CHQ / CASH / CC / BACS INITIALS: _____

Date acknowledgement letter sent: _____ Date put onto Subscriber: _____

Date form scanned to Subscriber: _____ Added to monthly numbers: _____ Yarnfield Accom booked: _____