

Catholic Deaf Association
Conference 9th – 11th October 2009

Theme: **Walk with Me**

Last Drop Mercure Village Hotel and Spa
Hospital Road, Bromley Cross, Bolton BL79PZ
Visit Last Drop Mercure Village Hotel & Spa at www.mercure-uk.com
Tel 01204 591 131; Fax 01204 598 824; Email H6634@accor.com

Name:

Address:

.....

.....

..... POST CODE

NB: one booking form per person

Mobile: (text)

Tel:

Fax:

Email:

Special diet/needs: Vegetarian Gluten-free Ground-floor room Other needs _____

Attending Full Weekend - Residential

Tick ✓ appropriate Box

Single room (limited number)	£270.00	per person	<input type="checkbox"/>
Room with twin beds	£250.00	per person sharing	<input type="checkbox"/>
Room with double bed	£250.00	per person sharing	<input type="checkbox"/>
Room with three beds	£230.00	per person sharing	<input type="checkbox"/>

I would like to share room with: _____

Non-Residential Rates

Friday Evening (including evening meal)	£30.00	<input type="checkbox"/>
Saturday full day (including meals & refreshments)	£70.00	<input type="checkbox"/>
Sunday (including lunch)	£30.00	<input type="checkbox"/>

I enclose a non-refundable conference deposit	£50.00	<input type="checkbox"/>
I enclose full conference fee (single room)	£270.00	<input type="checkbox"/>
I enclose full conference fee (2 beds)	£250.00	<input type="checkbox"/>
I enclose full conference fee (3 beds)	£230.00	<input type="checkbox"/>
I enclose conference fee (non-resident FRIDAY)	£30.00	<input type="checkbox"/>
I enclose conference fee (non-resident SATURDAY)	£70.00	<input type="checkbox"/>
I enclose conference fee (non-resident SUNDAY)	£30.00	<input type="checkbox"/>

Deposit to be paid before 31st January 2009. Deposit is non-refundable.
If no deposit, strictly no booking! It will help us if you send deposit to us early before the deadline

Full payment before 30th June 2009

If you wish to stay extra nights before or after the Conference contact the Hotel directly:
 Tel 01204 591 131; Fax 01204 598 824; Email H6634@accor.com

The Conference Organisers will not take responsibility for booking extra nights.

Please tick

I am deaf.....	I need a loop system
I am deaf blind	I need a lipspeaker
I am hard of hearing	I need a notetaker
I am a wheelchair user	I need a BSL Interpreter
I am hearing	I need an ISL Interpreter

*Cheques should be made payable to: **CATHOLIC DEAF ASSOCIATION** (sterling only)*
No cash please!

Signature: _____ Date: _____

Send booking form and cheque to:

Address: **CDA Conference 2009**
 Hollywood House, Sudell Street, Collyhurst, Manchester M4 4JF
 Fax: 0161 833 3674
 Email: cdaconf2009@btinternet.com
 Website: www.cda-uk.com

For Office only:

Date Booking Form received _____ Deposit received £ _____

Amount due £ _____ Full payment received £ _____

Accommodation _____ Room No. _____