

## ANNUAL CONVENTION & AGM REGISTRATION FORM

28TH-30TH SEPTEMBER 2018, HILTON HOTEL, WARWICK

PLEA	ASE USE CAPITAL LETTERS					
Name (s) of Adult(s) attending:		Is this your first CGF Convention? Y/N				
		your membership. IT adaitional adults are attending, please provide details overleaf and include additional membership fee of £25.				
	ı have any dietary requirements, please contact th					
1 2 3	ME(S) OF CHILDREN ATTENDING:			(Y/N)	(Y/N)	CHILD WITH GROWTH CONDITION/SIBLING
	SE BOOK					Total Cost
CHILDCARE DAY	INOMBER OF CHILDREN (16 YEARS AND BELOW)					
EVENING CH						
Please ensure your membership is up to date. If it is due before 30th September 2018, please include it with the Convention payment, unless you have a standing order set up. If you can contribute a little extra to help us towards the full cost of the Convention it would be extremely welcome.				TION J CAN	Optional Don <i>i</i> Membership: <b>Total Payable</b>	£:  £  : £  (cheque/bank transfer)
Name	E					
Addr	RESS					
Dosta	TELEPHONE			F۸	ΛΔΙΙ	

Due to the high cost of the event, refunds can only be made if we are notified before 10th September 2018. The event costs us around £60 per person, so it is imperative that you notify us if you are unable to attend.