



# Partner Application Form

Annual General Meeting and Conference 2009

Partner's Surname:

Forename:

Partner special dietary requirements, if any:

My partner will require assistance with (please specify)

Delegate's Full Name:

Delegate's Employer:

## Partner Booking Form

Please tick appropriate boxes

Fee VAT Total

Partner accommodation - (Sunday, Monday and Tuesday nights)

£63.83

£11.17

**£75**

Partner Annual Dinner

£35.75

£6.25

**£42**

Partner Social Night

£21.28

£3.72

**£25**

Saturday Night accommodation

£21.28

£3.72

**£25**

Wednesday Night accommodation

£21.28

£3.72

**£25**

I enclose a Cheque Payable to "The Association of Electoral Administrators" to the Value of £