

NOVACON 16 BOOKING FORM

NOVACON USE ONLY: No. _____

Received: _____

Confirmed: _____

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND RETURN TO GRAHAM POOLE, 86 BERWOOD FARM ROAD, WYLDE GREEN, SUTTON COLDFIELD, WEST MIDLANDS, B72 1AG

NAME(S) _____ CONVENTION No. _____

ADDRESS _____

HOTEL BOOKING

TYPE OF ROOM

I will require the following type of room(s):-

(please tick)

		first choice	second choice
Single room(s)	@ £21.50 per night	<input type="checkbox"/>	<input type="checkbox"/>
Double room(s)	@ £16.50 per person per night	<input type="checkbox"/>	<input type="checkbox"/>
Twin bedded room(s)	@ £16.50 per person per night	<input type="checkbox"/>	<input type="checkbox"/>
Family room	@ £66.00 per night (4 people)	<input type="checkbox"/>	<input type="checkbox"/>
Will make own arrangements		<input type="checkbox"/>	<input type="checkbox"/>

(The above tariffs include full English breakfast, service charge and VAT at 15%. Members are reminded that they are responsible for settling their hotel bill. Single and double rooms are in very limited supply and on past experience will be fully booked within one week of this form being distributed. It is essential, therefore, that members requesting single or double rooms provide a second choice. Members failing to provide a second choice will be automatically allocated a twin bedded room.)

DATES

Please reserve my room(s) for the following nights:- (please tick box)

THURSDAY 30 OCT	FRIDAY 31 OCT	SATURDAY 1 NOV	SUNDAY 2 NOV	MONDAY 3 NOV
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Novacon starts Friday afternoon and finishes Sunday night)

SHARING ARRANGEMENTS

I will be sharing with (Name) _____ (Address) _____

I would like Novacon 16 to allocate a sharer for me YES/NO (delete as appropriate. Please note this information must be provided even if you require a single room in case the singles are fully booked.)

I would prefer to share with a smoker/non-smoker (Please delete as appropriate)

SPECIAL ARRANGEMENTS (Please tick where required)

Room in a quiet area childrens cot(s)

Vegetarian meals Non-feather pillows

Other (Please state) _____

BOOK ROOM

I/we wish to sell goods in the Novacon 16 bookrooms and will require _____ tables at £10.00 each.

The charge for this is to be invoiced to _____ and I/we will pay before or at the start of the convention.

ARTSHOW

I will be displaying/selling artwork and will require approx _____ square feet of display space.

I will be displaying/selling models/sculptures and will require _____ square feet of display space.

Artists please note: prints entered into the artshow must be so stated and will be auctioned after original artwork only if time permits.

ADVERTISING

I/we wish to advertise in the programme book, please reserve the following space:-

Deadline for booking and copy is 15th September. All copy and enquiries to be sent to Darroll and Ro Pardoe, 38 Marina Village, Preston Brook, Runcorn, Cheshire, WA7 3BQ. tel 0928 - 716052. The advertising price list is to be found in the progress report.

GENERAL

Please reserve a space for my child(ren) in the creche _____ (Number of children)

I volunteer to be a gopher at Novacon 16 _____

I accept full responsibility for all the bookings on this form.

(signature)