\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete this form to book your place at the NSPKU Wales Day Conference 2025.

Return the completed form to: [info@nspku.org](mailto:info@nspku.org) (or by post to NSPKU (UK) Ltd PO Box 862 Chesterfield S43 9FF)

To secure your place(s) book and pay before 27th September 2025. Final deadline for all bookings **27th September 2025.**

**SUBSIDISED RATES ARE FOR NSPKU MEMBERS ONLY (Membership to have been in place by 31st May 2025).**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  Please enter first and last name | | | | **PKU**  YES/NO | **If PKU – Daily Exchanges**  (please state)  Below 10, 10-25, or 25 and above | | **Age of child**  at 11/10/2025 | | **NSPKU Member**  (prior to  31st May 2025) **YES/NO** |
|  | | | |  |  | |  | |  |
|  | | | |  |  | |  | |  |
|  | | | |  |  | |  | |  |
|  | | | |  |  | |  | |  |
|  | | | |  |  | |  | |  |
|  | | | |  |  | |  | |  |
|  |  | | | | | | | | |
|  | | | | | **NSPKU Member** | **Non Member** | |  | |
|  | | | | | Member Cost for Day Conference Attendance  (per person) | Cost for Day Conference Attendance (per person) | | Total Item Cost £ | |
| Attendance to Day Conference only (lunch included) | | Adult | | | £16.00 | £30.00 | |  | |
| Child\* | | | £10.00 | £25.00 | |  | |
| Please tick if this is your first conference | |  | **TOTAL TO PAY £**  **(YOU WILL BE CONTACTED FOR PAYMENT)** | | | | |  | |
| Number of High Chairs Required for Lunch: | | | | | | | | | |
| **\*Child – 15 years and under (all children under 5 FREE)** | | | | | | | | | |

**IF YOU REQUIRE OVERNIGHT ACCOMMODATION, PLEASE CONTACT THE HOTEL DIRECT**

To secure your place(s) please return the Booking Form to: [info@nspku.org](mailto:info@nspku.org)

(or by post to NSPKU (UK) Ltd PO Box 862 Chesterfield S43 9FF)

|  |
| --- |
| PLEASE STATE e.g. wheelchair access, special diets (excluding PKU) etc. |

|  |  |  |  |
| --- | --- | --- | --- |
| **YOUR DETAILS** (PLEASE COMPLETE IN CAPITAL LETTERS) | | Membership No. (if known) | |
| Name | | | Date |
| Address | | | |
| Town | County | | Postcode |
| Telephone | Mobile | | Email |

**Insurance cover is NOT included. Delegates should make their own insurance arrangements.**