****

**2018 AWARDS DINNER BOOKING FORM**

|  |  |
| --- | --- |
| Name:  |  |
| Position: |  |
| Magazine/Company name: |  |
| Address:  |  |
| Postcode: |  |
| Phone: |  |
| Email: |  |
| Today’s date: |  |
| Membership:BSME / Non-Member / Independent Non-Member |  |

**One or more members of the party must be BSME members to be eligible for the BSME member rate and must sign and sponsor the application.**

|  |  |
| --- | --- |
| Name:  |  |
| Position: |  |
| Magazine/Company name: |  |
| Phone: |  |
| Email: |  |
| Today’s date: |  |
| Signature:  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Booking Rates**Please note that tables seat 12**Booking Rate for BSME MEMBERS**

|  |  |
| --- | --- |
| BSME MEMBERS: Please enter the number of tables @ £4,400 + VAT (£5,280) |  |

|  |  |
| --- | --- |
| BSME MEMBERS: Please enter the number of places @ £400 + VAT (£480) |  |

**Booking Rate for NON MEMBERS**

|  |  |
| --- | --- |
| NON MEMBERS: Please enter the number of tables @ £5,500 + VAT (£6,600)  |  |

|  |  |
| --- | --- |
| NON MEMBERS: Please enter the number of places @ £500 + VAT (£600)  |  |

**Booking Rate for INDEPENDENT NON-MEMBERS**

|  |  |
| --- | --- |
| INDEPENDENT NON MEMBERS: Please enter the number of tables @ £2,695 + VAT (£3,234) |  |

|  |  |
| --- | --- |
| INDEPENDENT NON MEMBERS: Please enter the number of places @ £245 + VAT (£294) |  |

|  |  |
| --- | --- |
|  **TOTAL:** |  |

|  |
| --- |
| [**Click here**](http://www.bsme.com/awards/dinner-payment) **to pay online. Alternatively, please enclose a cheque, payable to The British Society of Magazine Editors.**  |

**Bookings will not be processed until full payment has been received. Please note that once your booking form has been received, money will not be refunded in the event of cancellation by you and/or your guests.****Please enter the details of all the people in your party on the following pages. It is not necessary to do this at the time of payment, but tickets will not be sent out until the names and details of all your guests have been received.** |

**Guest Names**

**Guests will be seated clockwise from the first name listed**

**Person 1**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss, etc) |  |
| First name |  |
| Last name |  |
| Job title |  |
| Magazine / Company name |  |
| Email address |  |
| Food allergies / special requirements |  |

**Person 2**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss, etc) |  |
| First name |  |
| Last name |  |
| Job title |  |
| Magazine / Company name |  |
| Email address |  |
| Food allergies / special requirements |  |

**Person 3**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss, etc) |  |
| First name |  |
| Last name |  |
| Job title |  |
| Magazine / Company name |  |
| Email address |  |
| Food allergies / special requirements |  |

**Person 4**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss, etc) |  |
| First name |  |
| Last name |  |
| Job title |  |
| Magazine / Company name |  |
| Email address |  |
| Food allergies / special requirements |  |

**Person 5**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss, etc) |  |
| First name |  |
| Last name |  |
| Job title |  |
| Magazine / Company name |  |
| Email address |  |
| Food allergies / special requirements |  |

**Person 6**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss, etc) |  |
| First name |  |
| Last name |  |
| Job title |  |
| Magazine / Company name |  |
| Email address |  |
| Food allergies / special requirements |  |

**Person 7**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss, etc) |  |
| First name |  |
| Last name |  |
| Job title |  |
| Magazine / Company name |  |
| Email address |  |
| Food allergies / special requirements |  |

**Person 8**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss, etc) |  |
| First name |  |
| Last name |  |
| Job title |  |
| Magazine / Company name |  |
| Email address |  |
| Food allergies / special requirements |  |

**Person 9**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss, etc) |  |
| First name |  |
| Last name |  |
| Job title |  |
| Magazine / Company name |  |
| Email address |  |
| Food allergies / special requirements |  |

**Person 10**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss, etc) |  |
| First name |  |
| Last name |  |
| Job title |  |
| Magazine / Company name |  |
| Email address |  |
| Food allergies / special requirements |  |

**Person 11**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss, etc) |  |
| First name |  |
| Last name |  |
| Job title |  |
| Magazine / Company name |  |
| Email address |  |
| Food allergies / special requirements |  |

**Person 12**

|  |  |
| --- | --- |
| Title (Mr, Mrs, Miss, etc) |  |
| First name |  |
| Last name |  |
| Job title |  |
| Magazine / Company name: |  |
| Email address |  |
| Food allergies / special requirements |  |

This form should be sent (with payment unless this has been made online) to:
**BSME, Gill Branston & Associates, 137 Hale Lane, Edgware Middlesex HA8 9QP**

**Tel: 020 8906 4664**