



The National Association of Child Contact Centres  
**AGM 2019**  
**'Recognising Risks'**

Wednesday 30<sup>th</sup> October 2019 ~ The Riverside Centre, Derby

**Please complete one form per person, photocopying additional copies as necessary.**

Child Contact Centre Name \_\_\_\_\_

Membership Number \_\_\_\_\_

| Personal Details  |  |
|---|--|
| Forename  |  |
| Surname   |  |
| Address (incl. Postcode)  |  |
|   |  |
|   |  |
| Telephone Number  |  |
| Special Dietary Requirements  |  |
| If you would you like your confirmation letter by email please enter your Email Address |  |

Completed booking form/s and cheque for £45 per delegate returned by Wednesday 16<sup>th</sup> October 2019 to:

**NACCC, 2<sup>nd</sup> Floor, Friary Chambers, 26-34 Friar Lane, Nottingham, NG1 6DQ.**