**ASPIRING TO HEADSHIP CROSS-PHASE CONFERENCE**

**Thursday 1st & Friday 2nd February 2018**

**Wrightington Hotel and Country Club**

I wish to reserve a place on the North West Regional Course for Aspiring to Headship.

*Please complete the following in BLOCK CAPITALS*

**Surname:** ………………………………………………. **Christian Name:** ……………………………………….

(Mr/Mrs/Miss/Ms)

**School:** ……………………………………………………………..……………………………………………………………

**Address:** ……………………………………………………..…………………………………………………………….

 ……………………………………………………………………………………………………………………………

**Postcode:** …………………………………………... **Tel:** …………………………….…………………..

**Diocese: ………………………………...……….** **E-mail:** …………………………….…………………..

*Please tick the appropriate boxes:*

 a) Please invoice the school for **£275** **Non Residential** 

 b) Please invoice the school for **£350** **Residential** 

 **OR**

 a) I enclose a cheque \* for **£275 Non Residential** 

 b) I enclose a cheque \* for **£350 Residential** 

***\* Please ensure cheques are made payable to ‘North West Dioceses’***

**Please note: Course fees must be received before course attendance**

 **Residential places are strictly limited and early booking is essential**

Signed: …………………………………………………….. Date: …………………………………..

**PLEASE COMPLETE AND RETURN THIS FORM BEFORE 15th DECEMBER 2017**

**To: The Diocese of Lancaster**

 **The Education Centre**

 **Balmoral Road**

 **LANCASTER LA1 3BT**

 **Tel: 01524 841190 Fax: 01524 846258**