

BOOKING FORM (TO BE RETURNED BY FRIDAY 16TH MAY)

CARERS WEEK 2008

**10AM-2.30PM THURSDAY 12TH JUNE
THE GREAT HALL, MANCHESTER TOWN HALL**

NAME OF GROUP/SERVICE: _____

CONTACT NAME & NUMBER: _____

BRIEF DESCRIPTION OF SERVICE TO CARERS (IF NOT FUNDED VIA CARERS GRANT):

How many staff/carers from your service will be manning your stall?	
What time will you be arriving and leaving?	
Do you require a plug socket for any electrical equipment to be used on your stall?	
Do you have any other special requirements for your stall? Please specify.	
Do you have display boards or stands that you will be bringing? If yes, please specify approximate size.	
Do you require access to Lloyd Street (through barrier) to unload items? Please give details of vehicle make and model, registration number, and time of arrival.	

PLEASE NOTE THAT THERE IS NO PARKING AT THE TOWN HALL

DUE TO THE SCALE OF THE EVENT, UNFORTUNATELY WE WILL ONLY BE ABLE TO PROVIDE FOOD FOR CARERS ON THE DAY