

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To** | | **The Secretary**  **The Society of Pension Professionals**  **Quantum House**  **22-24 Red Lion Court**  **London EC4A 3EB** | | | | | | |
| **SPP DINNER** | | | | | | | | |
| **ONE GREAT GEORGE STREET, LONDON SW1P 3AA** | | | | | | | | |
| **THURSDAY, NOVEMBER 8TH 2018** | | | | | | | | |
| **APPLICATION FORM** | | | | | | | | |
| (The most easily accommodated table size is one of ten or twelve. It is not possible to guarantee a separate table for bookings for less than eight, although every effort will be made to provide one. Bookings are provisional until confirmed with payment.) | | | | | | | | |
| Please supply ………………….tickets at £230.00 each Total cost £………………….  My organisation is new to the SPP Dinner, please supply 1 ticket at £185.00 each. Total cost £185.00 My organisation is new to the SPP Dinner, please supply 2 tickets at £185.00 each. Total cost £370.00 Payment Options: Please tick one of the following boxes:    A cheque for £………………….. made payable to: The Society of Pension Professionals is attached.  BACS: NATIONAL WESTMINSTER BANK PLC, Strand Branch, PO Box 414, 38 Strand, London WC2H 5JB - SORT CODE: 60-40-05 - ACCOUNT: 01004441 | | | | | | | | |
| **Booking details:**: | | | | | | | | |
| NAME DECORATIONS (e.g. OBE. NOT professional qualifications) | | | | | NAME DECORATIONS (e.g. OBE. NOT professional qualifications) | | | |
| **1** |  | | |  | **13** |  | |  |
| **2** |  | | |  | **14** |  | |  |
| **3** |  | | |  | **15** |  | |  |
| **4** |  | | |  | **16** |  | |  |
| **5** |  | | |  | **17** |  | |  |
| **6** |  | | |  | **18** |  | |  |
| **7** |  | | |  | **19** |  | |  |
| **8** |  | | |  | **20** |  | |  |
| **9** |  | | |  | **21** |  | |  |
| **10** |  | | |  | **22** |  | |  |
| **11** |  | | |  | **23** |  | |  |
| **12** |  | | |  | **24** |  | |  |
| **…………………………………………………………..** | | | | | **…………………………………………………………….** | | | |
| **APPLICANT'S NAME(BLOCK CAPITALS PLEASE)** | | | | | **APPLICANT'S SIGNATURE** | | | |
| **ORGANISATION'S NAME:** | | |  | | | | | |
| **ADDRESS:** | | |  | | | | | |
|  | | | | | |
|  | | | | | |
| **Telephone No.** | | | **Email:** | | | | **Fax No.** | |