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| **To** | | **The Secretary**  **The Society of Pension Professionals**  **Quantum House**  **22-24 Red Lion Court**  **London EC4A 3EB** | | | | | | |
| **SPP DINNER** | | | | | | | | |
| **THE GREAT HALL LINCOLN’S INN, LONDON WC2** | | | | | | | | |
| **THURSDAY, NOVEMBER 14TH 2019** | | | | | | | | |
| **APPLICATION FORM FOR TICKETS** | | | | | | | | |
| (There is no rigid upper limit on table sizes, but the most easily accommodated size is one of ten or twelve. Members planning tables of more than twelve should contact the Secretary. 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 £240.00 each Total cost £………………….  My organisation is new to the SPP Dinner, please supply 1 ticket at £195.00 each. Total cost £195.00 My organisation is new to the SPP Dinner, please supply 2 tickets at £195.00 each. Total cost £390.00 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.** | |