



**WOMEN'S BIBLE STUDY CONFERENCE**  
**2024 Registration Form**  
**Friday 15<sup>th</sup> November – Sunday 17<sup>th</sup> November 2024**

*Only one name per registration please:*

Title: Mrs  Miss  Ms  Dr  Mr

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email: \_\_\_\_\_

Age Group: 30 & Under  31-45  46-60  61-75  76+

Will this be your first time at the Women's Bible Study Conference?

Yes  No

Could you tell us how you heard about the conference? \_\_\_\_\_

We would be interested to know the church you attend, if any \_\_\_\_\_

Any Allergies / Vegetarian / Vegan \_\_\_\_\_

Do you have any medical conditions /mobility issues we should know about? Do you use a wheelchair, frame, or need anything else?

Emergency contact details (name, relationship, contact number):

Please book me as a:

Weekend Delegate (£210)  Day Delegate (Saturday - £35)  Day Delegate (Fri/Sat/Sun - £60)

Payment Details

£60 Deposit  £210 Full Payment  Instalments  Day Delegate £35  Day Delegate £60

I plan to pay by:

Cheque  Postal Order  Bank Transfer

**Full payment secures your place at the conference.**

**Cheques and Postal Orders payable to:**

Women's Bible Study Conference  
 Mrs Annette Jones  
 11 Greystoke Avenue  
 Southmead  
 Bristol  
 BS10 6AQ  
 Mobile: 07786 742 452  
[womensbiblestudyconf@gmail.com](mailto:womensbiblestudyconf@gmail.com)

**Full payment  
 required by 30<sup>th</sup>  
 September 2024**

**\*No cash please\***

**Bank Transfers to:**

Womens Bible Study Conference  
**Sort Code:** 40-14-14  
**Account Number:** 61416103  
**Reference:** your surname & postcode



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Important info:

Livermead House Hotel is the main hosting and conference venue.

Livermead Cliff Hotel is also used for accommodation and meals. Both offer the same standard of accommodation and cuisine. They are within 7-10 minutes' walk of each other.

Let us know which hotel you prefer:

Livermead House

Livermead Cliff

Share

Single

Name of the person you wish to share with:

Name of group you wish to be allocated near to:

Data consent:

I understand that by booking, I give consent for the details given above (or over the phone) to be stored by WBSC.

Photography:

I understand that photographs will be taken during the conference, and I give my permission for my photo to be taken and those images to be used in publicity for WBSC (please call us if this is an issue for you).

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Please make a note of your payment and address to send your outstanding balance to:  
(If not paid in full) – **Full payment required by 30<sup>th</sup> September 2024**

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