



British Council for Offices
Awards 2020

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BOOKING FORM

VIRTUAL SCOTTISH AWARDS

Friday 23 October 2020

Lead sponsor



In association with



*Celebrating Excellence In
Office Space Across Scotland*

Awards

For sponsorship opportunities please contact Victoria Armstrong
on 0796 8448 365 or victoria@sasevents.co.uk

BOOKING FORM

Please return this booking form by email or post to:

Clare Hollick:

Email: clare@createvents.co.uk; Tel: 01733 294524



Please note: Bookings are only accepted with full payment in advance. Your table booking is not guaranteed until you have received written confirmation from Createvents. If you do not receive confirmation within 10 working days, please contact Createvents on 01733 294524.

VIRTUAL SCOTTISH AWARDS

Time & Date: *Friday 23 October 2020 @ 12pm*

If you are booking on behalf of a BCO member please supply their name and membership number.

Membership No. _____ Name _____

CONTACT DETAILS

Write clearly and in CAPITALS (Please name the contact to whom the VAT receipt, confirmation, and further details should be sent).

Title _____ First Name _____ Surname _____

Company Name _____

Address _____

Postcode _____

Email _____ Tel _____

Is your company involved in any entries for the BCO Awards 2020? Yes No

If yes, please state the application number and the name of the project entered:

The BCO would like to contact you with further relevant information (we will not pass your details on to third parties).

tick here if you wish to receive emails tick here if you wish to receive direct mail

PAYMENT METHOD

Please reserve table(s) of 10 places @ a cost of £700 per table + VAT @ 20% (£140) = £840 per table

Please reserve place(s) @ a cost of £70 per place + VAT @ 20% (£14) = £84 per place

The BCO are unable to raise invoices in advance for payment but will issue a VAT receipt after payment has been received.

Total payment £ (inc VAT). Full payment is required at the time of booking.

I enclose a cheque for £ made payable to "British Council for Offices"

Please debit my Visa/Mastercard (please delete as necessary)

Credit Card number

Security Code (Last 3 digits on reverse of card) Expiry date Signature _____

Cardholder's name and address, if different from details above.

Title _____ First Name _____

Surname _____

Address _____

Postcode _____

Email _____

Tel. _____

Billing address, if different from details above.

Full Name _____

Company _____

Address _____

Postcode _____

Postcode _____