**london seminar 2020**

**theatre branch**

**ticket booking form**

**CLOSING DATE FOR TICKETS ORDERS - FRIDAY 24 JANUARY 2020**

Please return to IDTA Head Office, 76 Bennett Road, Brighton, East Sussex, BN2 5JL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **theatre branch member/provisional member ticket**  **order form** | | | | | |
| Name | |  | | | |
| IDTA Member No | |  | | Free entry to spectate or participate | |
| Provisional Member No | |  | | Fee £15.00 to spectate or participate | |
| Address | |  | | | |
|  | | | | | |
| Daytime Tel/Mob | |  | | | |
| If you wish to participate in the workshops please indicate you choice below with a 🗸: | | | | | |
| (1) | (2) | | (3) | | (4) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **THEATRE BRANCH STUDENT TICKET ORDER FORM – TO BE COMPLETED BY TEACHER**  **PLEASE 🗸 THE WORKSHOP YOUR STUDENTS(S) WOULD LIKE TO PARTICIPATE IN**  Performer tickets must be booked in advance and will not be available on the day.  £30 per person for the day. | | | | |
|  | **1** | **2** | **3** | **4** |
| Name |  |  |  |  |
| Name |  |  |  |  |
| Name |  |  |  |  |

|  |  |
| --- | --- |
| **non members – spectator tickets only – please state names below – £30 per person** | |
| Name: | Name: |

|  |  |
| --- | --- |
| Members Reception  Nine Kings Ballroom | This event is catered and we would appreciate if you could indicate below if you will be attending or not. Thank you.  I wish to attend the IDTA Members’ Reception ........  Please state number of members attending  I do not wish to attend the IDTA Members’ Reception ........ |

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|  |  |  |  |
| --- | --- | --- | --- |
| **ballroom branch member/provisional member ticket order form** | | | |
| Name | |  | |
| IDTA Member No/if other association please state association name | |  | |
| Provisional Member No | |  | Fee £15.00 per day |
| Address | |  | |
|  | | | |
| Daytime Tel/Mob |  | | |

|  |
| --- |
| **IDTA SPONSORED STUDENT(s) TICKET ORDER FORM – TO BE COMPLETED BY TEACHER**  £30 per person for the day. |
|  |
| Name |
| Name |
| Name |

|  |
| --- |
| **non members (spouse/partner)**  £30 per person for the day. |
| Name: |

|  |
| --- |
| **qualified dance teacher**  from a recognised dance teaching association £30 per person for the day |
| Name |

|  |  |
| --- | --- |
| Members Reception  Nine Kings Ballroom | This event is catered and we would appreciate if you could indicate below if you will be attending or not. Thank you.  I wish to attend the IDTA Members’ Reception ........  Please state number of members attending  I do not wish to attend the IDTA Members’ Reception ........ |