The Angel Centre,

Angel Place,

Worcester

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Email: [worcestercommunityaction@gmail.com](mailto:worcestercommunityaction@gmail.com)

**VOW (Voluntary Organisations of Worcester)**

**VOLUNTEER EXPO BOOKING FORM – FRIDAY 14th JUNE 2024**

|  |  |
| --- | --- |
| **Name of Organisation** |  |
| **Address** |  |
| **Postcode** |  |
| **Telephone Number** |  |
| **Email address** |  |
| **Web site** |  |
| **Contact Name** |  |
| **Number of tables required** | **1 or 2** (Please delete as appropriate) |
| **The cost is £15 per table**  **Payment method:** | An invoice will be raised, and payment **must** be received by **Friday 31st May** to ensure your table for this event.  By **BACS** on receipt of our invoice  Sort Code: 40-47-17 Account No: 73854620 |
| **Please confirm your address for invoice (if different to above)** |  |
| **Do you need electricity?** | Please delete as appropriate: YES / NO |
| **Are you undertaking any activities?**  **Please confirm your insurance cover for any activity** | Please delete as appropriate: YES / NO  Insurance Provider & Account: |
| **If Yes, please state briefly what these will include** |  |
| **2 Chairs will be provided for each table** |  |
| **Description of your org. for the brochure** |  |

**THIS BOOKING FORM TO BE RECEIVED BY FRIDAY 17th MAY 2024**

Registered Charity No: 117212