

# SUBSCRIPTION FORM

## CIPFA Children's Services Finance Advisory Network (CS-FAN)

**How did you hear about this subscription? (please tick one of the following):**

Via an email	<input type="checkbox"/>	Saw it on the CIPFA website	<input type="checkbox"/>	Other – please specify
Via a hard copy flyer	<input type="checkbox"/>	At an event	<input type="checkbox"/>	
Via an advert	<input type="checkbox"/>	From a colleague	<input type="checkbox"/>	

Please enrol the following organisation as a subscriber to the above service, in order to receive unlimited access to a comprehensive range of non-event deliverables as well as delegate places requested below:

<b>Full Organisation Name:</b>		
<b>Main Contact Title (Mr/Mrs etc) and Full Name:</b>		
<b>Job Title:</b>		
<b>Department and Contact Address:</b>		
	<b>Postal Town:</b>	<b>Postcode:</b>
<b>e-mail:</b>	<b>Telephone:</b>	<b>Fax:</b>

**\* Please see page 2 of this document in order to assign extra contacts to your subscription \***

<b>Purchase Order No (if required):</b>
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<b>Invoice Address (if different)</b>
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The subscription fees quoted below are based on the number of delegate places required for the period and also include the subscribing organisation's unlimited access to 'non-event deliverables' (e.g. website materials and newsletters):

Level / No. Delegate Places over 12 Months*	Cost over 12 Months*	Tick
14	£4400 + VAT	
13	£4220 + VAT	
12	£4040 + VAT	
11	£3835 + VAT	
10	£3630 + VAT	
9	£3425 + VAT	
8	£3220 + VAT	
7	£2990 + VAT	
6	£2760 + VAT	
5	£2530 + VAT	
4	£2300 + VAT	

**\*Subscription Period runs 1 April 2011 to 31 March 2012 and all prices/places are pro-rata at time of subscription (i.e. the appropriate adjustment will be made to the subscription fee and delegate places at the time of joining).**

**Important: Please ensure you complete this section, as we cannot process your application for subscription until the form has been signed on behalf of the subscribing organisation and the Terms and Conditions of Subscription agreed to.**

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Name: (BLOCK CAPITAL) \_\_\_\_\_ Date: \_\_\_\_\_

**I have read and agree to the enclosed 'Terms and Conditions of Subscription to the CIPFA Networks'**

**Please tick the box opposite to confirm:**

**Please invoice us for this subscription:**  **or, A cheque is enclosed:**  (payable to: CIPFA Business Limited)

CIPFA will contact you with information regarding your membership and may also contact you regarding other related products from its portfolio, such as training courses, in order to keep you informed about other services available and discounts you may be entitled to as part of your subscription. Data protection: Information will be treated in the strictest confidence and relevant data will be recorded on our database which is used by CIPFA for subscription, membership, information and training purposes and never released to third parties for their marketing purposes.

Please send your subscription form to: CIPFA Business Ltd., No 1 Croydon, 12-16 Addiscombe Road, Croydon, CRO OXT Fax: 020 8667 8580 Email: [cipfanetworks@cipfa.org.uk](mailto:cipfanetworks@cipfa.org.uk)

## PART 2 'EXTRA CONTACTS'

### CIPFA Children's Services Finance Advisory Network (CS-FAN)

In addition to the main contact, you may also provide us with the details of extra contacts, to receive service documentation and information on forthcoming events by e-mail:

Full contact details should be submitted, as prompted below:

**Extra Contact 1**

Contact Title (Mr/Mrs etc) and Full Name	
Job Title	
Department	
Telephone	
Email	
Address (if different to main)	

**Extra Contact 2**

Contact Title (Mr/Mrs etc) and Full Name	
Job Title	
Department	
Telephone	
Email	
Address (if different to main)	

**Extra Contact 3**

Contact Title (Mr/Mrs etc) and Full Name	
Job Title	
Department	
Telephone	
Email	
Address (if different to main)	

**Extra Contact 4**

Contact Title (Mr/Mrs etc) and Full Name	
Job Title	
Department	
Telephone	
Email	
Address (if different to main)	

**Extra Contact 5**

Contact Title (Mr/Mrs etc) and Full Name	
Job Title	
Department	
Telephone	
Email	
Address (if different to main)	

~ Subscription Form End ~

**Internal Use Only:**

Tracker		Invoiced	
Consensus - Subscription		Subs Checker	
Consensus - Opportunities		Website Access	
Consensus - Mailing Lists			