

## Subscription Form

## Product: Strategic Assets Network Scotland (SAN)

**Period:** England: 1 April – 31 March

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| **Main Subscriber Contact Details** | | | |
| **Organisation** |  | | |
| **Name** |  | | |
| **Job Title** |  | | |
| **Department** |  | | |
| **Address** |  | | |
| **Postcode** |  |  | |
| **Telephone No.** |  | **Mobile No.** |  |
| **Email** |  | | |
| **Signature** |  | | |
| **Date** |  | | |
|  |  | | |

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| **Subscription Levels** | | | | | |
| **Public Sector Level**  ***No. of pre-pay (free)  delegate places per SAN membership period*** | **Public Sector Cost**  ***(plus VAT)*** | **Tick** | **Private Sector Level**  ***No. of pre-pay (free) delegate places per SAN membership period*** | **Private Sector Cost**  ***(plus VAT)*** | **Tick** |
| **13** places = Level 4 | **£2,195** |  | **12** places = Level 4 | **£3,795** |  |
| **10** places = Level 3 | **£1,795** |  | **9** places = Level 3 | **£3,295** |  |
| **7** places = Level 2 | **£1,495** |  | **6** places = Level 2 | **£2,495** |  |
| **4** places = Level 1 | **£975** |  | **3** places = Level 1 | **£1,495** |  |

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| **Invoice Details** | |
| **Purchase Order Number:** |  |
| **Address for invoice:** |  |
| **Email address for invoice:** |  |

**Please provide delegate details and additional contacts (to receive email notification of future SAN events) on the reverse and submit completed form to** [**san@cipfa.org**](mailto:san@cipfa.org)

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| **Additional Contacts** | | | |
| **Name** |  | | |
| **Job Title** |  | | |
| **Department** |  | | |
| **Address** |  | | |
| **Telephone No.** |  | **Mobile No.** |  |
| **Email** |  | | |
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| **Additional Contacts** | | | |
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| **Job Title** |  | | |
| **Department** |  | | |
| **Address** |  | | |
| **Telephone No.** |  | **Mobile No.** |  |
| **Email** |  | | |
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| **Department** |  | | |
| **Address** |  | | |
| **Telephone No.** |  | **Mobile No.** |  |
| **Email** |  | | |
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| --- | --- | --- | --- |
| **Additional Contacts** | | | |
| **Name** |  | | |
| **Job Title** |  | | |
| **Department** |  | | |
| **Address** |  | | |
| **Telephone No.** |  | **Mobile No.** |  |
| **Email** |  | | |
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