



ASSOCIATION OF OPEN UNIVERSITY GRADUATES  
 WALTON HALL, MILTON KEYNES, MK7 6AA  
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**AGM /Social Weekend 18th, 19th and 20th May 2018**  
 To be held at the Norton Grange Hotel, Manchester Road, Castleton, Rochdale OL11 2XZ Tel: 01706 630788

**SINCE WE HAVE ARRANGED A BLOCK BOOKING PACKAGE DEAL, PLEASE NOTE THAT ALL DEPOSITS AND BALANCE PAYMENTS ARE NON REFUNDABLE.**

**Attendees are advised to take out their own holiday insurance.**

An **initial payment of £70** is required by **Tuesday 16th January 2018** and the **balance** by **Tuesday 13th March 2018.**

(Full payment is required from those attending for Option 1 and Option 2)

Partners and friends are welcome; if sharing a room, please insert their details along with your own.

**NB. Executive Committee are also requested to complete the alternative form specially designed for EC.**

Forename ..... Surname ..... Region or Nation .....

Your Open University PI Number .....

Address ..... Postcode .....

Telephone (Home)..... Mobile ..... E-mail .....

**Partner/Guest sharing your room:** Executive Committee / non-Executive Committee

Forename ..... Surname ..... Region or Nation .....

Address ..... Postcode .....

I/We would like a **single/twin/double room** (Please delete as necessary)

I/We have the following special requirements:

**Name:** ..... **Diet:** ..... **Disability / Other:** .....

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	Per Person	Initial Payment	Balance
<b>OPTION 1:</b> Saturday meetings with tea/coffee and Saturday lunch	£ 17.00	£ 17.00	N/A
<b>OPTION 2:</b> Gala Evening - drinks reception, dinner, speaker, music	£ 70.00	£ 70.00	N/A
<b>OPTION 3:</b> Gala Evening as above plus Saturday night B&B	£150.00	£ 70.00	£ 80.00
<b>OPTION 4:</b> FULL WEEKEND PACKAGE -	£280.00	£ 70.00	£210.00

I/We wish to book for **OPTION** .....

I/We wish to pay by **Cheque**. Please make your cheque payable to **AOUG Ltd.**, and mark AGM on the reverse.

I/We wish to pay by **Credit card/Debit card** (NB. We suggest a £2 voluntary contribution for card transactions)

**Please ring the AOUG office with your card details to make payment. (Mon to Thurs 9:30 – 3pm)**

PLEASE RETURN THE FORM TO THE AOUG OFFICE AT THE ABOVE ADDRESS.

**OFFICE USE ONLY**

OPTION chosen: ..... Number of people: .....

Deposit of: ..... Received: ..... Balance reminder: .....

Balance of: ..... Received: ..... Notes: .....