## **Catholic Deaf Association**

Conference  $10^{th} - 12^{th}$  October 2025

## Theme: 'Pilgrims of Hope'

Hinsley Hall, 62 Headingley Lane, Leeds LS6 2BX

Name:				
Address:				
POST CODE			ng form per person)	
Mobile: (text)				
Email:				
Special diet/needs (please circle):		Vegetarian	Gluten-free	Lactose-free
Other needs				
Room with twin beds	£295.00 £295.00 £295.00	per person per person shari per person shari	al) - book by 17	] ] ]
I am coming on <b>SATURDAY ON</b>	<b>ILY</b> (all day preso	entations, teas/coffees,	lunch, Vigil Mass, Bar	nquet): <b>£160.00</b>
Hinsley Hall policy is for cost ba of interpreters. Limited number		•	•	that and cover cost
Early booking: pay <b>50% depos</b> Deposit is <b>NON-REFUNDABL</b>		by <b>1<sup>st</sup> April 2025</b> .		
Full payment by <b>17<sup>th</sup> May 202</b>	5.			
After <b>17<sup>th</sup> May 2025</b> THE PRIC Final payment: <b>31<sup>st</sup> July 2025.</b>		O extra, ie <b>£345</b> pe	r person.	

Non-members need to become a CDA member or add £50 to early bird booking if not want to be member. Please contact the CDA secretary to pay membership.

Please 🗷				
	leaf ard of hearing an ISL Interpreter .		I need a loop system	
Cheques sho	uld be made payable	e to: Cat	HOLIC DEAF ASSOCIATION (sterl	ing only – no cash please)
	Catholic Deaf Assoc 16-00-18 41479811	ciation		
	-		treasurer@catholicdeaf.org.u re you add reference: CDA25	-
Example: if y	our name is Joe Smi	ith refere	ence will be <b>CDA25-JSmi</b> (usu	ally bank allows 10 characters)
Signature:			Date:	
Send booking	g form and cheque to	o:		
Address:	Peter McDon CDA Confere Flat 30 Rivin Cholmondel Salford M6 8QH	j		
	Website:	catholico	y@catholicdeaf.org.uk deaf.uk.org	
For Office on	ly:			
Date Booking Form received  Full payment received Date			Deposit received	£
				£

The CDA Conference Organisers will not take responsibility for booking any extra nights.