

Naval Dockyards Society
TWENTY-FIRST ANNUAL SYMPOSIUM BOOKING FORM
Saturday 29 April 2017 National Maritime Museum Greenwich 11-4.30
Dockyard Workers' Experiences

We shall learn about men's and women's experience, knowledge and recollections of how Royal Dockyards were managed and operated in the post-war period. We shall also find out about the social context: clubs, associations, meal break activities, travel to and from work, trades union activity, specialised trades' language, local lore and expressions, attitudes to naval personnel, promotion, theft, apprentice teasing, launch ceremonies, accidents, etc.

It is timely to disseminate first-person evidence of post-war Royal Dockyards. We shall celebrate these stories.

PROGRAMME (speakers to be announced)

REGISTRATION 9.30-11.00 AGM/Conference delegates Coffee/Tea/Biscuits

AGM 10.00-10.50 NDS Members only

Symposium 11.00-4.30

Cost: £45.00 includes buffet lunch, teas and coffees

£40.00 NDS members, retired, unwaged

£20.00 FT students

Please return form and cheque by 1 April 2017 to the Treasurer: David Jenkins, 5 Beeby Way, Carlton, Bedfordshire, MK43 7LW **Or:**

Go to the PayPal website and ask to send money. Enter email:

ndstreasurer@hotmail.co.uk; enter the amount, add Payee Reference: WORKERS CONFERENCE and click OK; confirm your details to the same email address.

Other enquiries to Dr Ann Coats, 44 Lindley Avenue, Southsea, PO4 9NU, 02392 863799 Anncoats49@gmail.com

Trains 08457 484950 <http://www.nationalrail.co.uk/>; London Transport: 020 7222 1234 <https://www.tfl.gov.uk/>; National Maritime Museum, Romney Road, Greenwich SE10 9NF <http://www.rmg.co.uk/national-maritime-museum/> Note: there is no parking at the Museum

.....
Symposium: Dockyard Workers' Experiences 11.00-4.30 29 April 2017

I am booking a place on the Naval Dockyards Society 2017 Symposium

I enclose a non-refundable cheque for **£45.00/40.00/20.00** to **Naval Dockyards Society** (or have paid by PayPal):

Please indicate affiliation/concession: NDS member institution student retired unwaged

Please confirm/delete as required: **I/We am/are/not disabled / have a medical problem of which NDS should be aware (specify:)**

State dietary requirements:

All Names Attending.....

Address.....

.....

Telephone.....Email.....

Signed.....Date.....