

**Registration Form**

**(Read)** – Please note that the event is being held in the Thistle Hotel, Cambridge Street Glasgow, G2 3HN The timing is 1.30 for 2.15 PM. Tea and coffee will be served on arrival.

Name: \_\_\_\_\_

Job Title (Optional): \_\_\_\_\_

Organisation (Optional): \_\_\_\_\_

Contact Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Need a map                      Yes                       No

Please confirm any special requirements:

Mobility/special access needs e.g. registered disabled (please specify)	<input type="checkbox"/>
Sign language requirement/hearing impairment (please specify)	<input type="checkbox"/>
Visual impairment (please specify)	<input type="checkbox"/>
Translation services (please specify language required)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Would you be willing for your details to be added to our Involving People database so that we can send you more information about future consultations and NHS services?

Yes                       No