**CONFIRM ATTENDANCE FOR E-HEALTH WORKSHOP FORM**

**eHealth Workshop**

**Date: 28th - 29th October 2014**

**Location:**

**Middlesex University, Town Hall, Committee Room 1, The Burroughs, London, NW4 4BT**

**Workshop website: http://tinyurl.com/ehealth2014**

|  |  |  |
| --- | --- | --- |
| **Family name and first name:** |  | |
| **Organisation:** |  | |
| **Presenter (Y/N)** |  | |
| **Title of Presentation:** | | |
| **Address:** |  | |
| **Postal code and town:** |  | |
| **Country:** |  | |
|  | | |
| **Telephone:** |  | |
| **Fax:** |  | |
| **E-Mail:** |  | |
| **Special requirements** *(vegetarian etc.)*: | | |
|  | | |
| **Signature: Date: / / /** | | |
|  | | |
|  | | |
|  | | |
| **Please E-MAIL this form to Diane Whitehouse** | | E-MAIL: info@thecastlegateconsultancy.com |
|  | | |
| CONFIRMATION OF RECEIPT OF THIS FORM WILL BE SENT BY EMAIL | | |