**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**

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| --- | --- |
| **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: / / /**  |
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| **Please E-MAIL this form to Diane Whitehouse** | E-MAIL: info@thecastlegateconsultancy.com |
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| CONFIRMATION OF RECEIPT OF THIS FORM WILL BE SENT BY EMAIL  |