**REGISTRATION FOR 2019 “Health IT” WORKSHOP ATTENDANCE**

**Healthcare IT Workshop**

**Date: 7th & 8th November 2019**

**Location:**

**Middlesex University, Town Hall, Committee Room 3, The Burroughs, London, NW4 4BT**

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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 | | |