

The Edinburgh Parkinson's Lecture 2014

Application for ticket

Name

Applicant

First name

Last name

Second Applicant (if any)

First name

Last name

Address

Address Line 1

Address Line 2

City

Postcode

Phone

Email

Additional information *Please check any that apply.*

I am a practising healthcare professional.

Please describe your healthcare occupation:

I have limited mobility

I require wheelchair access

I require assistance in reaching my seat

I do not need assistance but would like a reserved seat

Data Protection

We would like to keep you informed about the work of Parkinson's UK. If you would NOT like to receive further information about our activities then please tick this box. We will not share your details with any other third party or organisation for marketing purposes other than that of Parkinson's UK.

Please return completed form to: Mrs Pat Stewart, Hon Secretary, Parkinson's UK
Edinburgh Branch, PO Box 28819, Currie EH14 9AT