**Beacon’s Sight Loss Awareness Training – 2019 Booking Form**

To book your place on the Beacon’s Sight Loss Awareness training please complete this form and return as soon as possible to sdovey@beaconvision.org

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| **Name** *(please* *print)* |  |
| **Organisation Name:** *(if applicable)* |  |
| **Position** |  |
| **Email address:**  |  |
| **Contact Address** **please include postcode** |  |

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| **1. Please confirm (by ticking) which session you wish to attend.**  |
| **Date**  | **Time**  | **🗸 to attend** |
| Tuesday 2nd July | 9.00 – 12.00 noon |  |
| Tuesday 2nd July | 1.00 – 4.00 pm |  |
| Wednesday 3rd July | 1.00 – 4.00 pm |  |
| Wednesday 3rd July | 6.00 – 8.30 pm |  |
| Friday 19th July | 9.00 – 12.00 noon |  |
| Thursday 25th July  | 6.00 – 8.30 pm |  |

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| **3. Where did you see the event advertised?**  |
| Word of mouth Beacon Website Social Media Flyer OtherIf other, please state give further information  |
| **4. Please include details of any special requirements: e.g. accessible resources**  |

*Beacon Centre will only ever create, use, store and or share your data in accordance with the data protection regulations and conditions for processing as set out in our privacy statement(s) which are available online via www.beaconvision.org/privacy-policy*