**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 enquiries@beaconvision.org

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

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| **1. Please confirm (by ticking) which session you wish to attend.**  |
| **Date**  | **Time**  | **🗸 to attend** |
|  Wednesday 25th September | 9.30am – 12.30pm |  |
|  Wednesday 30th October | 9.30am – 12.30pm |  |
|  Thursday 28th November | 9.30am – 12.30pm |  |

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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*