

EVENT REGISTRATION FORM



QEF

queen elizabeth's
foundation for
disabled people

Please complete one form per person for each event. Please photocopy as required.

EVENT TITLE: QEF Kids Mobility Event

EVENT DATE: Friday 2nd March 2018

NAME (Mr Mrs Ms Miss Other) _____

ORGANISATION

JOB ROLE _____ ORGANISATION _____

ADDRESS _____

_____ Post Code _____

Tel: _____ Mobile _____

Email _____

Have you attended any QEF Mobility Centre EVENTS in the past? If yes, please list

How did you hear about this EVENT? _____

Any special requirements (e.g. dietary, hearing loop etc) _____

Please list if there anything in particular you are particularly interested in at the event?

Please pass this on to colleagues, friends and family

Office Use: Confirmation & map sent

Return form to:
QEF Mobility Services, 1 Metcalfe Avenue, Carshalton, Surrey, SM5 4AW

Tel: 0208 770 1151 Fax 0208 770 1211 Email: mobility@gef.org.uk
www.gef.org.uk and www.tryb4ufly.org.uk