Registration Form

Greater London Equality Seminar

7th November 2018

Woburn House, 20-24 Tavistock Square, London, WC1H 9HQ

Branch Name

Please register the following delegates:-

Delegate 1

Name

Branch position (if any)

E-mail Address @

Dietary Requirements eg. vegan / gluten free

Reasonable Adjustments please complete and return form attached

Delegate 2

Name

Branch position (if any)

E-mail Address @

Dietary Requirements eg. vegan / gluten free

Reasonable Adjustments please complete and return form attached

Delegate 3

Name

Branch position (if any)

E-mail Address @

Dietary Requirements eg. vegan / gluten free

Reasonable Adjustments please complete and return form attached

Signed on behalf of Branch

**REQUEST FOR REASONABLE ADJUSTMENTS**

Reasonable Adjustments please complete and return form attached

Delegate 1

Name

Branch position (if any)

E-mail Address @

Dietary Requirements eg. vegan / gluten free

Reasonable Adjustments please complete and return form attached

Delegate 1

Name

Branch position (if any)

E-mail Address @

Dietary Requirements eg. vegan / gluten free

**PLEASE SUBMIT WITH EQUALITY SEMINAR REGISTRATION FORM**

**Delegate Name:**

 **PLEASE TICK THE APPROPRIATE BOX**

 **A. MOBILITY REQUIREMENTS**

 **Wheelchair space/access Other (please state below)**

 **Space for guide dog**

 **Parking space**

 **B. FACILITATION**

 **Facilitator**

 **Please specify Facilitation requirements**

 **Please specify other requirements**

 **C. VISUAL/HEARING/WRITTEN AID**

 **Audio tape** **British Sign Language**

 **Induction loop** **Sign Supported English**

 **Braille** **Speech to Text**

 **Lipspeaker** **Large Print**

 **Large print on disk**

 **Disk**

 **Specify software required**