

Event booking form

Please complete all details in BLOCK capitals. Please complete one form for each individual attending.

Event title	MEN'S HEALTH WORKSHOP with Dr IAN BANKS <u>"Putting Men's Health onto the Agenda"</u>	
Event date(s)	Friday 27 January 2012	
Title (Mr, Mrs, Ms, Dr)		
First name		
Surname		
Job title		
Organisation		
Work address		
		Postcode
Work telephone number		
Email		
Please specify any special dietary or access requirements		
Signature		Date
Completed forms shi	auld be returned by	Office use only
Completed forms should be returned by Monday 16 January 2012 to: Mr Leo Foy Public Health Agency Southern Office		Date rec'd :
		Date Confirmed :
Tower Hill Armagh BT61 9DR Fax: (028) 3741 4634 or		

• All cancellations must be made via e-mail to leo.foy@hscni.net or fax (028) 37414634