**BOOKING FORM**

**to attend the**

**REGIONAL NETWORKS**

**AGM 2024**

**Saturday 1st June 2024 @ 11:00 via Zoom**

**Closing date for bookings is 17th May 2024**

**PLEASE USE BLOCK CAPITALS**

*If you are completing a paper copy of the form, please sign and date as usual.*

*If you are editing an online copy, please include either*

*a digital signature or type in names and dates in appropriate fields.*

*Signed and scanned forms will also be accepted.*

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| **SECTION ONE: ORGANISATION DETAILS** |
|  |
| Group / RTO / Committee Name |  | Address of RTO/Group(including postcode):- |
|  |
| Landlord |  |
| Daytime Phone |  |
| Mobile Phone |  |
| Email address |  |
| Local Authority Area |  |
|  |
| Signature |  | Date |  |

|  |
| --- |
| **SECTION TWO: ATTENDEES DETAILS** |
|  |
| **ATTENDEE ONE DETAILS** | Address (including postcode):- |
| Title |  |  |
| Forename |  |
| Surname |  |
| Home Phone |  |
| Mobile |  |
| Email Address |  |
| Local Authority Area |  |
| Position on RTO Committee or Grouplisted in Section One |  |
| Signature |  | Date |  |

|  |  |
| --- | --- |
| **ATTENDEE TWO DETAILS** | Address (including postcode):- |
| Title |  |  |
| Forename |  |
| Surname |  |
| Home Phone |  |
| Mobile |  |
| Email Address |  |
| Local Authority Area |  |
| Position on RTO Committee or Grouplisted in Section One |  |
| Signature |  | Date |  |

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| **If there is any further assistance not covered above that would help you, please detail this in the space below. Please also use this space to give us any other information that would be helpful.** |
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| **Please return this form by 17th May 2024 to**JMiller@tis.org.uk |