



Wiltshire Blind ASSOCIATION

MOVING ON BOOKING FORM FOR PROFESSIONALS

Please enter all information

Title: Mr/Mrs/Miss/Other (Please State): _____

Name: _____

Name of Organisation: _____

Role within organisation: _____

Telephone Number: _____

Email Address: _____

I would like to attend the following workshop (Please tick)

Salisbury

Semington

Swindon

A fee of £60.00 will be charged for attending the course.

Please enclose a cheque made payable to the "Wiltshire Blind Association."

Signed: _____

Name: _____

Date: _____

Please return to:

Margaret Hemmings, Programme Coordinator
St Lucy's
1 Commercial Road
Devizes
Wiltshire
SN10 1EH

Telephone Number: 01380 723 682

Email: enquires@wiltshireblind.org