



MOVING ON BOOKING FORM

Please enter **ALL** information

Title: Mr/Mrs/Miss/Other (Please state):	
Name:	
Address:	
Postcode:	
Telephone Number:	
Mobile:	
Email Address:	
Date of Birth:	
Are you a member of the Wiltshire Blind Association?	

Please note membership of the Wiltshire Blind Association is free and offers you a range of support services.

Please turn over to complete the booking form

About your sight

Are you registered as visually impaired?	Yes	No
If Yes, when were you registered?		

Sight condition (please tick)

Macular Degeneration	
Diabetic Retinopathy	
Cataracts	
Glaucoma	
Other (Please Specify)	

Registration Information

Course Start Date:	
Course Venue:	
Special needs: (Please state)	
Will you be bringing a partner/carer with you? (Please give name)	

Contact: Margaret Hemmings (Course Coordinator)
Wiltshire Blind Association, St Lucy's, 1 Commercial Road,
Devizes, Wiltshire SN10 1EH Telephone: 01380 723 682
Website: www.wiltshireblind.org
Email: enquires@wiltshireblind.org