

BOOKING FORM

Please complete and return this form with your cheque (if you wish to be invoiced please contact the number below) made payable to 'West Midlands European Network' to :

WMEN, Unit 314 The Custard Factory, Gibb Street, Digbeth, Birmingham B9 4AA
Tel : 0121 683 8881 Fax : 0121 683 8892 email : sophie@wmeuronet.org

Please complete the information below to enable us to maintain accurate records for EU funding monitoring purposes. This information remains private and confidential.

Service Users

Who are your service users?

- | | | | |
|---------------------------------|--------------------------|--|--------------------------|
| Older people | <input type="checkbox"/> | Unemployed people | <input type="checkbox"/> |
| Young people | <input type="checkbox"/> | People on low incomes | <input type="checkbox"/> |
| Women | <input type="checkbox"/> | Homeless people | <input type="checkbox"/> |
| Children | <input type="checkbox"/> | Offenders/ex-offenders | <input type="checkbox"/> |
| African Caribbean people | <input type="checkbox"/> | People with limited mobility | <input type="checkbox"/> |
| Asian people | <input type="checkbox"/> | people with sensory impairments | <input type="checkbox"/> |
| Other ethnic minorities/ | <input type="checkbox"/> | People with learning difficulties | <input type="checkbox"/> |
| Refugees | <input type="checkbox"/> | People with mental illness issues | <input type="checkbox"/> |
| Community Groups | <input type="checkbox"/> | People with other health related problems | <input type="checkbox"/> |

Geographical Area

Which sub-region do you cover?

- | | | | |
|------------------------------|--------------------------|-------------------------------------|--------------------------|
| Region-wide | <input type="checkbox"/> | Herefordshire/Worcestershire | <input type="checkbox"/> |
| Birmingham/Solihull | <input type="checkbox"/> | Shropshire/Telford/Wrekin | <input type="checkbox"/> |
| Black Country | <input type="checkbox"/> | Staffordshire/Stoke | <input type="checkbox"/> |
| Coventry/Warwickshire | <input type="checkbox"/> | | |

PLEASE BOOK ME/US A PLACE ON.....Date.....

A cheque for £.....is enclosed **Please invoice my organisation**

Purchase No (If Required)

My organisation is voluntary / public sector (please delete as applicable)

How did you hear about this training?

Name.....

Organisation

InvoiceContact/Address.....

Tel..... Faxe-mail.....

Do you have any special medical dietary requirements (we supply vegetarian food)please specify.....

Do you have any special access requirements (if yes please specify).....

For map/directions please visit <http://www.wmeuronet.co.uk/contact.php> .

Please note cancellations can only be accepted in writing with a minimum of 72 hours notice

Fax back: 0121 683 8892

