

health impact assessment training course

Participant registration form – June 2010

Foresight Centre, University of Liverpool, 1 Brownlow Street,
Liverpool, L69 3GL

Title (Dr, Mr, Mrs etc.).....

First Name:.....

Last Name:.....

Position:.....

Organisation:.....

Address for Correspondence:.....

.....

.....Postcode.....

Telephone:.....

Fax:.....

E-mail:.....

I will require a vegetarian meal or have other specific dietary
requirements (if applicable, please give details).....

.....

Please give details of any other needs, eg access:.....

.....

Fees:

Please tick box as appropriate

- I enclose a cheque for £795 / £700
made payable to University of Liverpool
- Please send me an invoice for £795 / £700
- I enclose a cheque for £995 / £900
made payable to University of Liverpool
- Please send me an invoice for £995 / £900
Please delete as appropriate

Accommodation:

- Please provide details of local hotel accommodation.

Signed:.....

Date:.....

Please return this form to:

**IMPACT
Division of Public Health
University of Liverpool
Whelan Building
Liverpool
L69 3GB**

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