

NICHI Event Booking Form

Name of event

Date

Venue

Your name

Name of group
you represent

Names of any
others who wish
to attend (please
note we may need
to limit the number
attending from one
group)

Please tick which sector you represent:

Community

Voluntary

Statutory

Other

Please state:

Do you require transport to the event? (please tick)

Yes

No

Please list any dietary requirements:

Are there any other needs we should be aware of? (e.g. accessibility, sensory, language etc...)

Yes Please state:

No

Please provide contact details below in order that we can send confirmation of places and/or arrange transport:

Phone number

Email address

Postal address