**Tuberous Sclerosis Patient Conference**

**Booking Form**

**Friday 25th January 2019**

**Venue:** Postgraduate Centre, Belfast City Hospital, Lisburn Road, Belfast

To join us, please complete this booking form and return to Tuberous Sclerosis Patient Conference Bookings, Department of Genetic Medicine, Floor 'A', Tower, Belfast City Hospital, Lisburn Road, Belfast BT9 7AB or email to claire.kirk@tuberous-sclerosis.org

**Let us know your name & contact details so we can get in touch with you:**

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Telephone** |  |
| **Mobile** |  |
| **E-mail address** |  |

**Who else is attending:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of person attending (include yourself)** | **Please tick if you are a carer** | **Please tick if you would like a buffet lunch?** | **Do you have any special dietary requirements?** | **Do you require any assistance towards the cost of attending this** **event?** |
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