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**KCIL ANNUAL GENERAL MEETING 2018 BOOKING FORM**

|  |
| --- |
| Name: |
| Organisation (If applicable): |
| Job title: |
| Address: |
| Email address: |
| Phone number: |
| Access requirements, please tell us: |
| Dietary requirements, please tell us: |
| Transport requirements, please tell us: |

**Please return this form to**: Robert Reilly – Office Manager

KCIL

River Reach

31-35 High Street

Kingston

KT1 1LF

No later than Friday **9th November**